

STATE OF LOUISIANA DIVISION OF ADMINISTRATION OFFICE OF GROUP BENEFITS



2019 VibrantRx MEDICARE PART D PRESCRIPTION DRUG PLAN HIGH-INCOME SURCHARGE VERIFICATION

Last Name Fire	st Name	Social Security Number
If you are covered as the spouse of an OGB plan member, enter information below		•
ij you are covered as the spou	se of an oab plan member, enter n	ijoi mation below
OCD Discovery de la del Maria OC	D.Dl. Ml. J. P' N	OCD DL . M L . J . CCN
OGB Plan Member's Last Name OGB Plan Member's First Name OGB Plan Member's SSN		
Each person covered by OGB's Medicare GenerationRx Medicare Part D plan has a separate ID card that contains the 12 digit member number for that person		
contains the 12 digit member number for th	ut person	
Your Medicare GenerationRx Member # OGB Plan Member's Medicare Generation Rx #		
Address:		
City	State	Zip
Your Monthly High-Income Part D Premium Surcharge Amount:		
Your Monthly Payment Method for High Income Surcharge (select one)		
Tour Montany Layment Method for Mgn	meome bureflarge (sereet one)	,
☐ Deducted from your monthly Social Security check		
☐ Invoiced to you by CMS every quarter or month		
invoiced to you by CM3 every quarter	or month	
Your Signature		Date
()	()	Date
	()	
Primary Telephone Number	Alternate Telephon	e Number
Email Address		
Return this completed form and copies of	Syour varification to	
- RELUTA LAIS COMDIELEU IOTAL UNA CODIES OI	vour verincation to:	

Office of Group Benefits P.O. Box 44036 Baton Rouge, LA 70804-4036

Rev- 01/2019 GB-20