



**STATE OF LOUISIANA**  
DIVISION OF ADMINISTRATION  
**OFFICE OF GROUP BENEFITS**



**2019 Vibrant Rx MEDICARE PART D PRESCRIPTION DRUG PLAN HIGH-INCOME SURCHARGE VERIFICATION**

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Last Name    First Name    Social Security Number

*If you are covered as the spouse of an OGB plan member, enter information below*

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OGB Plan Member's Last Name              OGB Plan Member's First Name              OGB Plan Member's SSN

*Each person covered by OGB's Vibrant Rx Medicare Part D plan has a separate ID card that contains the 12 digit member number for that person*

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Your Vibrant Rx Member #

OGB Plan Member's Vibrant Rx #

Address: \_\_\_\_\_

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City

State

Zip

Your Monthly High-Income Part D Premium Surcharge Amount:

Your Monthly Payment Method for High Income Surcharge (select one)

Deducted from your monthly Social Security check

Invoiced to you by CMS every quarter or month

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Your Signature

Date

(      )

(      )

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Primary Telephone Number

Alternate Telephone Number

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Email Address

*Return this completed form and copies of your verification to:*

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