



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



**2020 Vibrant Rx MEDICARE PART D PRESCRIPTION DRUG PLAN HIGH-INCOME
SURCHARGE VERIFICATION**

Last Name First Name Social Security Number

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

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

Your Vibrant Rx Member #

OGB Plan Member's Vibrant Rx #

Address: _____

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

Your Signature

Date

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Primary Telephone Number

Alternate Telephone Number

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