



Medicare Eligibility Statement

Wis. Stat. §§ 40.51 (7) and 40.52 (2)

Wisconsin Department
of Employee Trust Funds
801 W Badger Road
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Make a copy for your records and return the original by mail or fax to ETF.

Subscriber Information <i>Please print clearly</i>	
Subscriber name – Policy holder (first, middle, last)	Member ID or SSN
Mailing address (Street or PO Box, city, state, ZIP code)	<input type="checkbox"/> Check this box if this is a change of address.
Indicate the reason you are now eligible for Medicare: <input type="checkbox"/> Age 65 and over <input type="checkbox"/> Receipt of Social Security disability payments for 24 months <input type="checkbox"/> End Stage Renal Disease (ESRD) <input type="checkbox"/> Lou Gehrig's Disease (ALS)	

Prescription Drug Coverage
Prescription drug coverage in this program is provided by Navitus MedicareRX (PDP), a Medicare Part D Employer Group Waiver Plan.
Do you have other prescription drug coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, plan name: _____
Since you may only have one Part D plan, please select which plan you want to use: <input type="checkbox"/> Navitus MedicareRX (PDP) <input type="checkbox"/> Your current Part D plan
Attach a copy of your Medicare card or documentation from Medicare that clearly states your Medicare claim numbers and effective dates. If you have not yet received your card reflecting your Parts A and B coverage, contact the Social Security Administration to obtain your information, and return this completed form to ETF as soon as possible. Send a copy of your card to ETF once you receive it.

Persons Insured Under Your Group Health Insurance Policy				
Complete the table with the names and birth dates of all persons on your group health insurance policy. List effective dates and claim numbers or write "not eligible" if not eligible for Medicare. Include yourself as the subscriber, as well as spouse or domestic partner, and any dependents. See Page 2 for how to read your Medicare card.				
Names	Birth date	Medicare claim number	Medicare effective dates as shown on card	
			Hospital (Part A)	Medical (Part B)

By signing this statement, I attest that I have read and understand the Important Medicare Information on Page 2 , the information I provided above is true and correct to the best of my knowledge and I authorize the Department of Employee Trust Funds to verify information regarding eligibility for effective dates of coverage under Medicare Parts A, B and D.		
Date (MM/DD/CCYY)	Subscriber signature (Required)	Telephone ()

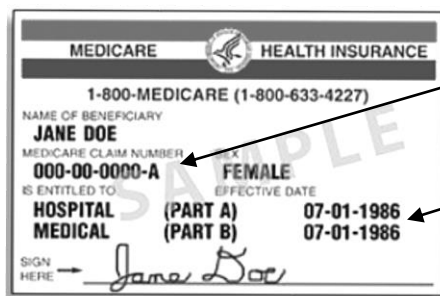


Important Medicare Information

You and/or your insured dependents must be enrolled for both portions of Medicare (Hospital Part A and Medical Part B), when first eligible. Contact the Social Security Administration for information on how to enroll.

- Please note that premiums can only be adjusted in accordance with the contract.
- You must inform ETF by phone or in writing immediately if you or your insured dependent's Medicare Part B is dropped for any reason.
- If you and/or your insured dependents do not enroll for Medicare Parts A and B, when first eligible, you will be liable for the portion of claims that Medicare would have paid beginning on the date Medicare coverage would have become effective.
- You and/or your dependents are not required to be enrolled in Medicare until the subscriber terminates employment or health insurance coverage received while actively employed.

Where to find your Medicare claim number and effective dates:



Medicare
Claim Number
is found here

Medicare Effective Dates are found here
If you do not have your card, contact the Social Security Administration at 1-800-772-1213 for these dates.

Important Information for state employees and retirees currently enrolled in an HDHP (High Deductible Health Plan) policy:

- When you, the subscriber, is enrolled in Medicare Part A and/or Part B you are no longer eligible to remain in the HDHP policy.
 - Your health contract will be changed to the non-HDHP policy effective on the first of the month in which you are first enrolled in any part of Medicare.
- If your spouse or dependent on your family policy is enrolled in any part of Medicare, you are not required to change your policy to a non-HDHP policy.
 - Your health contract will remain in the HDHP policy and changed to a Medicare Family 1 coverage level.



Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Wisconsin Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, 801 West Badger Road, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 711; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020 (TTY: 711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 711)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

Laotian/Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-877-533-5020 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).