

SAMPLE MEMORANDUM

DATE: XX/XX/XXXX

TO: City/Town of _____ Employee and/or Retiree
FROM: (the town's enrollment representative)

RE: Creditable Coverage Disclosure Notice concerning your health benefits

This is an important notice. If you or your eligible dependents are eligible for Medicare or will become eligible for Medicare in the next twelve months, please read this attached notice carefully and thoroughly and keep it in a safe place. All group health plans for which you are eligible to enroll meet the Medicare definition of Creditable Coverage. That means that your prescription drug coverage through the City/Town of _____ will, on average; pay out the same or more for prescription drugs for covered individuals than is expected to be paid out under the standard Medicare Part D benefit. If you enroll in the City/Town of _____ health insurance plan, you do not need to enroll in Medicare Part D. If you later decide to enroll in Medicare Part D, you will not be subject to a Medicare late enrollment premium penalty, unless after voluntarily leaving the City/Town of _____'s plan you wait more than 63 days to enroll in a Medicare Part D plan.

You will receive this general Creditable Coverage Disclosure Notice annually. When you enroll in a plan for the first time, you will be given a more detailed Creditable Coverage Disclosure Notice that is specific to your new plan. You may also get a copy of a Creditable Coverage Disclosure Notice for any plan at any time upon request. If you have any questions, please contact (the town's enrollment representative and phone number).