

MEDICARE PRESCRIPTION DRUG PLAN (PDP) INDIVIDUAL ENROLLMENT FORM

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58860 (Rev. 10-2021)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A EFFECTIVE DATE & ENROLLEE INFORMATION

Requested Effective Date	
Name of Individual Requesting PDP Enrollment (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)


PART B RETIRED MEMBER INFORMATION

Member's Name (Last, First, Middle)	NDPERS Member ID
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PART C PERMANENT RESIDENCE ADDRESS & TELEPHONE NUMBER

Street Address		PO Box	
City	State	Zip Code	Telephone Number

PART D PROVIDE YOUR MEDICARE INSURANCE INFORMATION

<p>Please take out your Medicare Card to complete this section.</p> <ul style="list-style-type: none"> Please fill in these blanks so they match your red, white, and blue Medicare card. Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board. <p>You must have Medicare Part A & Part B to join the NDPERS Medicare prescription drug plan.</p>		
	MEDICARE HEALTH INSURANCE	
	NAME OF BENEFICIARY:	
	MEDICARE CLAIM NUMBER	SEX
IS ENTITLED TO	EFFECTIVE DATE	
HOSPITAL (PART A)	___/___/___	
MEDICAL (PART B)	___/___/___	

(Continued to back. Signature required.)

Humana Group Medicare (PDP) contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and B coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage, or an individual Medicare Advantage Plan, your enrollment in Humana Group Medicare may end that enrollment.

You can join a new Medicare prescription drug plan or Medicare health plan from October 15 to December 7. Except in special cases, you cannot join a new plan at any other time of the year. If you leave this plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage.

Some people may have to pay an extra premium amount because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213. TTY users call 1.800.325.0778.

Medicare beneficiaries with low or limited income and resources may qualify for Extra Help. If you qualify, your Medicare prescription drug plan costs will be less. Once you are enrolled in this drug plan, Medicare will tell the plan how much assistance you will receive and Humana Group Medicare will send you information on the amount you will pay. If you are not currently receiving Extra Help, you can contact 1.800.MEDICARE (1.800.633.4227) to see if you might qualify. TTY users call 1.877.486.2048.

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

This information is not a complete description of benefits. Contact Humana Group Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium (if applicable) and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Release of Information

By joining this Medicare prescription drug plan, I acknowledge that Humana Group Medicare can release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.

I also acknowledge that Humana Group Medicare can release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations.

I understand this enrollment form cannot be signed or submitted more than 90 days prior to the effective date of coverage.

Signature of Individual Enrolling in NDPERS PDP (Electronic signatures will not be accepted)	Today's Date
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Humana Group Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Humana Group Medicare depends on contract renewal.

PDF form cannot be signed, dated, or submitted to NDPERS 90 days prior to the requested effective date of coverage.