Shape

Description automatically generated with medium confidence

[ReturnStandardAddress2], [ReturnStandardCity], [ReturnStandardState] [ReturnStandardZip]

[DATE]

[F101]

[F109]

[F8] [F9] [F10]

[F102]

[F103]

[F104], [F105] [F106\_F107]

Dear [F8] [F10]:

Thank you for applying with [PlanName]. We cannot accept your request for enrollment in [PlanName] because of the reason(s) checked below.

1. [\_\_\_\_\_(If F36=806, X this option)]You have neither Medicare Part A nor Part B.
2. [\_\_\_\_\_(If F36=861, X this option)]You are unlawfully present in the United States.
3. [\_\_\_\_\_(If F36=862, X this option)]You are incarcerated and currently reside outside our service area.
4. [\_\_\_\_\_(If F36=803, X this option)]Your permanent residence is outside of our service area.
5. [\_\_\_\_\_(If F36=805, X this option)]You attempted to enroll outside of an enrollment period or don’t qualify for an enrollment period at this time.
6. [\_\_\_\_\_(If F36=804, X this option)]We didn’t get the information we requested from you within the timeframe listed in our request.
7. [\_\_\_\_\_(If F36=860, X this option)]The request was made by someone other than the beneficiary and that individual isn’t the beneficiary’s authorized representative.
8. [\_\_\_\_\_(If F36=841, X this option)]You have drug coverage such as from an employer or union and you told us you don’t want to join [PlanName].

If [PlanName] paid for any of your prescriptions, we will bill you for the amount we paid.

[(If F36=861 or 862, include this paragraph)Medicare doesn’t pay for your hospital or medical bills if you’re not lawfully present in the U.S. or if you’re incarcerated.]

If item 5 is selected: You can change prescription drug plans only at certain times during the year. From [CMSAEPStart: Month Day] through [CMSAEPEnd: Month Day], you can join, switch, or drop a Medicare health or drug plan for the following year. Generally, you can’t make changes at other times except in certain situations, such as if you move out of [PlanName]’s service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could help pay for your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won’t have a coverage gap or a Part D late enrollment penalty. Many people qualify for these savings and don’t even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at [SSNPhone] from [SSNHours] Monday through Friday. TTY users should call [SSNTTY]. You can also apply for Extra Help online at [SSHELPURL].

If any of the checked items are wrong, or if you have any questions, please call [SpecEnrollNumber], [EnrollmentHours]. TTY users should call [EnrollmentTTY].

Thank you.