2D BAR CODE

[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]. To finalize your enrollment, we would like you to confirm that you want to be enrolled in [PlanName].

Medicare has informed us that you belong to an employer or union group health plan that includes prescription drug coverage that is as good as Medicare prescription drug coverage.

It is important that you consider your decision to enroll in our plan carefully. If you have health coverage from an employer or union, joining [PlanName] may change how your current coverage works. You could lose your employer or union health coverage, and if you have a spouse or dependents, their coverage also could be lost. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

If you have already discussed this decision with your employer or union contact and have decided that you would like to be a member of [PlanName], **please call the number provided below.** Your enrollment won’t be complete until you call and confirm this information.

We must hear from you to enroll you in our plan. If we don’t hear from you within 30 days from the date of this notice, we won’t process your enrollment.

To confirm your enrollment and your effective date of [F22], or if you have any questions, please call [SpecEnrollNumber], [EnrollmentHours]. TTY users should call [EnrollmentTTY].

Thank you.