[PlanLogo]

[JEStandardReturnAddress2], [JEStandardReturnCity], [JEStandardReturnState] [JEStandardReturnZip]

[DATE]

[F101]

[F109]

[F8] [F9] [F10]

[F102]

[F103]

[F104], [F105] [F106-107]

Dear [F8] [F10]:

Thank you for applying with [PlanName][(If PlanName=1st reference, then populate with superscript SM)] (PDP). We cannot accept your request for enrollment in [PlanName] because of the reason(s) checked below.

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

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

[(If F36=861 or 862, populate)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 [AEPStart: Month Day] - [AEPEnd: 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 pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won’t have a coverage gap or a 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]. TTY users should call [SSNTTY]. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp)**.**

If any of the checked items are wrong, or if you have any questions, please contact [PlanName]at [EnrollmentNumber], [EnrollmentHours]. TTY/TDD users should call [EnrollmentTTY].

Thank you.

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare Contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont.

Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross and Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

Independent Licensees of the Blue Cross and Blue Shield Association ®Registered Marks of the Blue Cross and Blue Shield Association. ®´, SM, TM Registered Marks and Trademarks are property of their respective owners. ©[(If [PlanYear]>CurrentCalendarYear, populate)[PlanYear-1](Else, if [PlanYear]<CurrentCalendarYear, populate)CurrentCalendarYear(Else, If [PlanYear]=CurrentCalendarYear, populate) [PlanYear]] All Rights Reserved.