[DATE]

Member ID: [F54]

[(IF F108=M, populate)F101]

[(IF F108=L, populate)F109]

[F8] [F10]

[F102]

[F103]

[F104] [F105] [F106]-[F107]

[(If F36=835 OR 836, populate)**FINAL NOTICE]**

Dear [F8] [F10]:

[(If F36=831 OR 836, populate)You recently enrolled in [PlanName] Employer PDP sponsored by [ClientName] ([PlanName]) prescription drug plan and Medicare’s records show that you may owe a Late Enrollment Penalty (LEP).

Prior to enrolling in [PlanName], it appears that you had a break in prescription drug coverage from [F90] to [F91]. If you did not have prescription drug coverage during this time period that met Medicare’s minimum standards, you will owe a penalty on your monthly premiums. If you did have prescription drug coverage during this time period, you may be able to avoid the penalty by returning the enclosed form.]

[(If F36=830 OR 835, populate)Prior to enrolling in [PlanName] Employer PDP sponsored by [ClientName] ([PlanName]), it appears that you did not have prescription drug coverage that met Medicare’s minimum standards. If your records show that you did have prescription drug coverage from [F90] to [F91], you may be able to avoid paying the monthly penalty by returning the enclosed form.]

Please complete the enclosed form and return it immediately to SilverScript Insurance Company at [ReturnEnrollAddress2], [ReturnEnrollCity],[ReturnEnrollState] [ReturnEnrollZip]. You can also call us at [CustomerCareNumber], [CustomerCareHours], to provide us with the information by [ReturnMailDate]. TTY users should call [CustomerCareTTY].

If you don’t contact [PlanName] by [ReturnMailDate], we will assume the above information is correct and you will owe a Late Enrollment Penalty (LEP).

Sincerely,

SilverScript® Insurance Company

[(If Carrier=9487 CUID 2772, populate)1CONSOL Energy refers to the subsidiaries of CONSOL Energy Inc. that were signatory parties to one or more National Bituminous Coal Wage Agreements.]