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 your request to enroll in [PlanName]. Medicare has denied your enrollment in [PlanName] due to the reason(s) checked below.

1. [\_\_\_\_\_(If F36=019, 020, 032, 033, 034, 035, 036, 042, 045, 056, 110, 196 or 806, X this option)]You have neither Medicare Part A nor Part B.
2. [\_\_\_\_\_(If F36=348, X this option)]You are unlawfully present in the United States.
3. [\_\_\_\_\_(If F36=345, X this option)]You are incarcerated and currently reside out of our service area.
4. [\_\_\_\_\_(If F36=106 or 176, X this option)]You requested to enroll in a different plan for the same effective date, which canceled your enrollment with [PlanName].
5. [\_\_\_\_\_(If F36=044, X this option)]You attempted to enroll outside of an enrollment period or don’t qualify for an enrollment period at this time.

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

[(If F36=345 or 348, 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 F36=044, populate)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 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 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 7 a.m. to 7 p.m., 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,

SilverScript® Insurance Company