



DEPARTMENT OF  
BUDGET & MANAGEMENT

MARTIN O'MALLEY  
Governor

ANTHONY BROWN  
Lieutenant Governor

T. ELOISE FOSTER  
Secretary

DAVID C. ROMANS  
Deputy Secretary

**STATE NOTIFICATION OF MEDICARE INFORMATION**

**PLEASE COMPLETE THIS FORM**

**For Yourself and/or Your Covered Dependent(s) and return it to:**

**Employee Benefits Division  
Attention: Retiree Unit  
301 W. Preston Street, Room 510  
Baltimore, Maryland 21201**

Retiree's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IMPORTANT:** In accordance with Federal and State regulations, an individual must be placed in coverage that is supplemental to Medicare Parts A and B as soon as both of the following criteria are met: (1) medical insurance is under a retiree group health plan, and (2) Medicare entitlement exists either by having reached age 65 or by having a total permanent disability acknowledged by Social Security at any age.

Medicare becomes the primary insurer as soon as both criteria are met and the retiree group health plan becomes a supplemental policy to Medicare. For full coverage, the Medicare-eligible retiree or dependent must **enroll in both Medicare Part A (Hospital) and Part B (Medical)**. Those retirees/dependents who are eligible for Medicare and are not enrolled in Part B will be responsible for paying the portion of the claim that Part B would have paid (80% of Medicare allowed amount) until Part B coverage becomes effective. Unlike Parts A and B, enrollment in Medicare Part D (prescription drug) is completely optional for anyone covered by the State's prescription drug plan, as the State's plan is considered Creditable Coverage.

Please complete the chart below for yourself and/or anyone on the enclosed Summary Statement of Benefit Elections who is eligible for Medicare. **The requested information can be found on the red, white and blue Medicare Card or by calling Medicare at 1(800) 999-1118.**

Name of Individual with Medicare*	Medicare Number <i>with suffix letter; Ex: 123-45-6789-A</i>	Part A - Hospital Effective Date <i>Required for full medical coverage</i>	Part B - Medical Effective Date <i>Required for full medical coverage</i>	Part D - Prescription Drug Effective Date <i>Not Required - the State Prescription Drug Plan is Creditable Coverage</i>	Indicate Reason for Medicare Entitlement (✓):		
					Age 65+	Disabled	Kidney Failure (ESRD)
Retiree:							
Spouse/Domestic Partner:							
Child:							

If this form is enclosed with a letter, and the form is not returned within 30 days, your coverage level will be changed according to the information provided in the accompanying letter.

If you have any questions regarding this information, please call the Employee Benefits Division at (410) 767-4775 or toll-free outside the Baltimore Metropolitan area at 1 (800) 307-8283. Thank you very much.

\_\_\_\_\_  
Retiree's Signature

\_\_\_\_\_  
Date

~Effective Resource Management~

301 W. Preston Street, Room 510 • Baltimore, MD 21201

Tel: (410) 767-4775 • Fax: (410) 333-7104 • Toll Free: 1 (800) 307-8283 • TTY Users: call via Maryland Relay

<http://www.dbm.maryland.gov>