

Retiree Name	Spouse Name (if applicable)

## Medicare Part D Enrollment Acknowledgment

**The following is applicable to members enrolling in the University of Chicago’s Retiree Medical Plan which includes a Prescription Drug Plan (PDP) from SilverScript.**

If you enroll in the University of Chicago’s Retiree Medical Plan, you will automatically be enrolled in SilverScript, for your prescription drug coverage. SilverScript is a standard Medicare Part D plan with coverage provided by University of Chicago. Please **read and check the box** to acknowledge that you will be enrolled in SilverScript.

- I choose to receive prescription drug benefits from SilverScript, along with my enrollment in the University of Chicago’s Retiree Medical Plan for medical coverage. University of Chicago will automatically enroll me in SilverScript prescription drug plan. I understand that I must enroll in Medicare Part A and/or Medicare Part B in order to be enrolled in Medicare Part D.

**I understand that if I am later disenrolled from SilverScript, I will lose both my University of Chicago’s Retiree Medical Plan and my SilverScript coverage. If I am the retiree, I also understand that my covered spouse/dependent(s) will also lose their medical and prescription drug coverage.**

SilverScript is a Medicare drug plan and is separate from and in addition to your coverage under Medicare Part A or Part B. Your enrollment in SilverScript doesn’t affect your coverage under Medicare Part A or Part B. You can be enrolled in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in SilverScript will end that enrollment. It is your responsibility to inform SilverScript of any prescription drug coverage that you have or may get in the future.

Once you are a member of SilverScript, you have the right to appeal Plan decisions about payment or services if you disagree. Read the *Evidence of Coverage* document from SilverScript when you get it to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

By agreeing to be enrolled in a Medicare Part D plan, I acknowledge that SilverScript will release my information to Medicare as necessary for treatment, payment and health care operations. I also acknowledge that the Plan will release my information, including my prescription drug data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. My personal health information will be protected as required by federal and state laws.

Keep in mind that if you leave the SilverScript plan and don’t have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare’s), you may have to pay a Part D late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you have any questions regarding enrollment in SilverScript, please feel free to contact SilverScript at 1-833-958-2658, 24 hours a day, 7 days a week. TTY users should call 711.

Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health Company.