

Retiree Medical/Medicare Part D Coverage Waiver Form

If you want to waive Express Scripts Medicare™ (PDP) for Montefiore Medical Center coverage, you must complete this form and return it to the HR - Benefits Office. **However, please carefully consider your decision to opt out of this plan.** If you waive coverage you will lose both your retiree medical and prescription drug coverage from Montefiore Medical Center and will not be allowed to re-enroll at any point in the future. Your covered spouse/domestic partner and children will also lose their medical and prescription drug coverage.

Also keep in mind that if you opt out of this plan and don't have or get other Medicare prescription drug coverage or creditable coverage that is at least as good as Medicare's standard plan; you may be required to pay a late enrollment penalty (LEP). This happens when you enroll in a Medicare prescription drug plan after going 63 consecutive days or longer without Medicare Part D coverage or other creditable prescription drug coverage.

Last Name First Name (M.I.)

Street Address

City State Zip Code

Date of Birth Social Security #

Home Telephone # Email address

Please check the following:

I want to waive Express Scripts Medicare prescription drug coverage.

I understand that I will lose both my retiree medical and prescription drug coverage from Montefiore Medical Center and will not be allowed to re-enroll at any point in the future. I understand that by opting out of this plan, my covered spouse/domestic partner and children will also lose their medical and prescription drug coverage.

Your Signature

Signature _____ Date _____

Complete this form and send a copy to:

Montefiore Medical Center
HR-Benefits Office
111 East 210th Street Bronx, NY 10467-2490
T 914.378.6531 F 914.378.6584
Email: montebenefits@montefiore.org

Montefiore