ALASKACARE
Retiree Health Plan

Medicare Enrollment Verification Form

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
drb.alaska.gov

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

You may send your completed form to the mailing address and fax number listed at the top of the form or email ***doa.drb.benefits@alaska.gov***.

SECTION I. MEMBER INFORMATION

NAME (LAST / FIRST / MI)		SSN OR RIN	
MAILING ADDRESS			APARTMENT OR UNIT #
CITY		STATE	ZIP
PHYSICAL ADDRESS ☐ CHECK IF SAME AS MAILING ADDRESS			APARTMENT OR UNIT #
CITY		STATE	ZIP
TELEPHONE NUMBER	EMAIL ADDRESS		

The Centers for Medicare & Medicaid Services (also called CMS or Medicare) requires that you maintain a residential (physical) address within the Medicare service area. A post office box does not qualify. The service area includes the United States, the District of Columbia, Guam, Puerto Rico, the US Virgin Islands, Northern Mariana Islands, and America Samoa. We need you to confirm that you live inside the plan's service area. No mail will be sent to this physical address unless it is the same as your mailing address. It will only be used to verify that you live inside the plan's service area.

SECTION II. MEDICARE ENROLLMENT INFORMATION

Provide us your Medicare Beneficiary Identifier (MBI) number and effective dates listed on your Medicare card.

MEDICARE BENEFICIARY IDENTIFIER (MBI) (MEDICARE NUMBER)	MEDICARE EFFECTIVE DATE

SECTION III. INCOME RELATED MONTHLY ADJUSTMENT AMOUNT (IRMAA)

Certain high-income AlaskaCare members are required to pay a Medicare Part D Income Related Monthly Adjustment Amount, or IRMAA, surcharge. If you are subject to the IRMAA surcharge, the Division will reimburse you for the full cost of the premium associated with your prescription drug coverage. Visit Alaska.gov/drb/alaskaCare/retiree/information/IRMAA.html for step-by-step instructions for reimbursement. You may also contact OptumRx directly for Part D IRMAA surcharge reimbursement information by calling (855) 409-6999.

SECTION IV. SIGNATURE

In completing this form, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than $500.00 or by imprisonment for not more than twelve months or both. AS 39.35.670; AS 11.56.210. I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties, including imprisonment. I also acknowledge that a person who obtains funds and/or benefits from the system unlawfully may also be required to make restitution.

SIGNATURE	DATE