

Put on School/School District Letterhead

DATE

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RE: Medicare Enrollment and Coordination of Benefits with the NY44 Health Benefit Plan Trust

It is important you are aware of how the NY44 Health Benefits Plan Trust (“NY44 Trust”) coordinates benefits when you become entitled to/eligible for Medicare. Typically, Medicare entitlement occurs at age 65 but may also occur earlier than age 65 for Medicare-eligible disabilities.

When a current (active) employee and spouse are covered under the NY44 Trust, and are eligible for/entitled to Medicare, in most instances the Trust will pay primary for medical expenses. However, **[insert school name here]** encourages employees and covered spouses age 65 or older, to obtain Medicare Part A to receive all the benefits for which you are entitled.

If you are 65 years of age or older and retired and your covered spouse is 65 or older, eligibility conditions of the NY44 Trust require enrollment in Medicare Part A and Part B. Why? The NY44 Trust pays for eligible benefits after Medicare’s reimbursement. By not obtaining Part A and Part B, you and your covered spouse, if applicable, will incur a monthly assessment penalty and substantial out-of-pocket expenses. Failure to enroll in Medicare will result in a loss of coverage with the NY44 Trust.

To verify Medicare coverage, please provide copy(ies) of the identification card for you and your covered spouse, if applicable, as well as a signed copy of this letter indicating you are aware of your Medicare obligations required by the NY44 Trust. If you have other insurance coverage (for example through a spouse’s employer) also include a copy of that identification card. Enrollment changes in other insurance that coordinates coverage with the NY44 Trust need to be communicated to your benefit administrator.

For questions regarding Medicare eligibility or coordination of benefits, refer to the NY44 Trust’s website at www.ny44.e1b.org, Medicare’s website <http://www.medicare.gov> or contact your nearest Social Security office.

Sincerely,

Benefit Administrator

ENROLLEE SIGNATURE

DATE

Attached: Medicare Fact Sheet

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RE: IMPORTANT REMINDER REGARDING MEDICARE ENROLLMENT

Previously [**NAME OF SCHOOL**] sent you a letter on [**DATE**] advising you and/or a covered spouse [**IF APPLICABLE**] of your Medicare enrollment obligation. To date we have not heard from you nor have we received verification of Medicare enrollment.

Without Medicare enrollment, eligible health care benefits will be paid by the NY44 Health Benefits Plan Trust up to Medicare's reimbursement level, meaning you will be responsible for significant out-of-pocket expenses. Further, failure to enroll in Medicare will result in a Medicare assessment penalty and ultimately termination of the NY44 Trust's coverage. Please give this matter prompt attention and provide copies of your Medicare identification cards to [**NAME OF SCHOOL**] by [**DATE**] to avoid the assessment penalty and cancellation of your medical insurance coverage.

If you have questions regarding this request, please contact [**NAME/CONTACT INFORMATION OF BENEFIT ADMINISTRATOR**].

Sincerely,

Benefit Administrator

MEDICARE LETTER #3

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SUBJECT: **MEDICARE COORDINATION OF BENEFITS**

Dear [NAME],

Pursuant to the eligibility requirements of the NY44 Health Benefits Plan Trust (“NY44 Trust”), **retired** enrollees (former employee) and their covered spouses who are 65 years of age or older must obtain Medicare Part A and Part B to continue medical coverage through the NY44 Trust. **This includes a retiree or spouse who is actively working for another employer, with health coverage through that employer.**

Participating schools in the NY44 Trust are responsible for satisfying eligibility requirements and for notifying the NY44 Trust of Medicare enrollment. This letter is to inform you and/or your covered spouse that Medicare information has not been provided to the school.

If you and/or your spouse **are already enrolled** in Medicare, please submit copies of your Medicare information with effective dates of coverage for Part A and Part B to [NAME OF SCHOOL] by [DATE].

If you and/or your spouse **are not enrolled** in Medicare, Medicare conducts their General Enrollment period January 1 through March 31 each year. Enrollment in Medicare is a condition of continued coverage under the NY44 Trust. If you do not enroll in Medicare following the Initial or Special Enrollment Periods, you will be assessed a penalty by NY44 Trust. **Failure to enroll in Medicare Part A and Part B during the General Enrollment period, and to provide this information to the school, will result in the loss of medical coverage through the NY44 Trust effective 11:59 PM June 30 of the current plan year, and you will not be eligible of COBRA continuation.**

We encourage you to act now to obtain Medicare and continue the medical benefits you are receiving through the NY44 Trust. If you have questions regarding eligibility and Medicare, please contact your school’s benefit administrator. Thank you.

Sincerely,

Benefit Administrator