

**Put on School/School District Letterhead**

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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 substantial out-of-pocket expenses. **Failure to enroll in Medicare within six (6) months of an enrollee’s date of first eligibility, will result in termination of coverage effective six (6) months from the date of first eligibility.**

To verify Medicare coverage, please provide a copy of the identification card(s) 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](http://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