

MEDICARE LETTER #3

Put on School/School District Letterhead

SUBJECT: **MEDICARE COORDINATION OF BENEFITS**

Dear **[NAME]**,

Pursuant to the eligibility requirements of the NY44 Health Benefits Plan Trust (“NY44 Trust”) retired enrollees (former employees) and their covered spouses who are 65 years of age or older must obtain **both** Medicare Part A **and** Part B to continue medical coverage through the NY44 Trust.

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]** immediately.

Enrollment in Medicare is a condition of continued coverage under the NY44 Trust. If you and/or your spouse **are not enrolled** in Medicare, Medicare conducts their General Enrollment period until March 31, **[YEAR]**. **However, regardless of when CMS’ General Enrollment Period falls, under the NY44 Trust SPD, an enrollee will have six (6) months from the date of first eligibility to obtain the coverage (both Part A and Part B) or they will be terminated from coverage effective six (6) months from the date of first eligibility.**

We encourage you to act now to obtain Medicare and continue the generous 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