Total Rewards

NY Power Authority

Retiree Medicare Advantage and Medicare Part D Mandatory Enrollment Form

This form only applies to retirees, spouses, dependents, and surviving spouses who are eligible for Medicare (Management: All Retirees, IBEW Retired Post December 12, 2022)

When you become eligible for Medicare, you must enroll in Medicare Part A and Medicare Part B to participate in NYPA's retiree medical and prescription drug coverage. You can elect to enroll in the New York Power Authority's (NYPA) **UnitedHealthcare® Group Medicare Advantage (PPO) Plan** for your medical coverage and **SilverScript® Employer PDP sponsored by New York Power Authority (SilverScript)** for your prescription drug coverage when your Medicare Part B becomes effective, or you can waive coverage.

You can only be enrolled in one Medicare Advantage or one Medicare prescription drug plan at a time. If you are enrolled in an individual Medicare Advantage Plan or another Medicare prescription drug plan, once you enroll in NYPA's plans, Medicare will disenroll you from your other plans. If you enroll in another Medicare Advantage Plan or another Medicare prescription plan in the future, Medicare will disenroll you from NYPA's plans.

If you are later disenrolled from either plan, you will lose both your medical and prescription drug coverage from NYPA. Retirees will NOT be eligible for NYPA's Medicare Part B Reimbursement if you are disenrolled in the NYPA plans. You can re-enroll in these Medicare Advantage (PPO)\Medicare Part D plans in the future if you experience a qualifying event and notify NYPA HR Services within 30 days of the event.

UnitedHealthcare and SilverScript will release your information to Medicare as is necessary for treatment, payment and health care operations. They will release your information, including prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.

Action

- Complete the *Retiree Medicare Advantage and Medicare Part D Mandatory Enrollment Form* below at least 45 days prior to your Medicare effective date to allow time for processing. (Each covered participant must complete their own form.)
- Return the Enrollment form to NYPA, and include a copy of your red, white and blue Medicare Health Insurance card. You can email the documents to us at: Retirees@nypa.gov or mail the documents to us at:

  New York Power Authority
  123 Main Street
  Mailstop 4G
  White Plains, NY 10601
  ATTN: HR Services

Questions:
If you have any questions, please call HR Services at (914) 287-3114 or email us at Retirees@nypa.gov.

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This form only applies to retirees, spouses, dependents, and surviving spouses who are eligible for Medicare (Management: All Retirees, IBEW Retired Post December 12, 2022).

Retirees who are Medicare-eligible have the option of enrolling in NYPA's Medicare Advantage (PPO) Plan and Medicare Part D Prescription Drug Plan, or you can elect to waive coverage. Please check the appropriate box below, complete the form and return it with a copy of your Medicare ID Card to **NYPA, 123 Main Street, Mailstop 4G, White Plains, NY 10601, Attn HR Services or email the documents to** Retirees@nypa.gov at least 45 days prior to your Medicare Part B effective date.

ENROLL IN PLAN

☐ I elect to enroll in NYPA's UnitedHealthcare® Group Medicare Advantage (PPO) Plan for my medical coverage and SilverScript® Employer PDP sponsored by New York Power Authority (SilverScript) for my prescription drug coverage. I understand that I will be automatically disenrolled from any other Medicare Advantage Plan or Medicare prescription drug plan in which I am currently enrolled. I certify that the information provided on this form is correct to the best of my knowledge. I understand that I may be disenrolled from the plan if I intentionally provide false information as part of my enrollment.

OTHER HEALTH INSURANCE

☐ I currently have other health insurance (not NYPA medical insurance) and am therefore ineligible for Medicare Part B. I will notify Retirees@nypa.gov when I become eligible for Medicare Part B so that I can enroll in the NYPA Medicare Advantage Plan.

WAIVE COVERAGE

☐ I elect to waive NYPA's UnitedHealthcare® Group Medicare Advantage (PPO) Plan for my medical coverage and SilverScript® Employer PDP sponsored by New York Power Authority (SilverScript) for my prescription drug coverage. I understand that I will not be eligible for NYPA's Medicare Part B Reimbursement.

PARTICIPANT INFORMATION

☐ Management Retiree ☐ IBEW

_____

Participant (Retiree, Spouse or Dependent) – Please Print

_____

Medicare ID#

Email Address

Daytime Phone Number

ADDRESS INFORMATION

Permanent Street Address (Medicare will not allow a P.O. Box)

City | State | Zip Code

Mailing Street Address (if different than Permanent Address)

City | State | Zip Code

PARTICIPANT SIGNATURE & DATE

Participant Signature (Retiree, Spouse or Dependent) | Date

AUTHORIZED REPRESENTATIVE INFORMATION

☐ Please check if the person signing above is the authorized representative for the Retiree, Spouse or Dependent.

Name of Authorized Representative (First and Last – please print)

Daytime Phone Number

Mailing Street Address

City | State | Zip Code

Relationship to Retiree:

☐ Child ☐ Spouse ☐ Friend

☐ Other - please specify _____