



ODS ADVANTAGE Rx/Medicare Supplement PERS MEDICARE PRESCRIPTION DRUG PLAN ENROLLMENT FORM

PERS Health Insurance Program • P.O. Box 40187 • Portland, OR 97240-0187
1-800-768-7377 • TTY 1-800-433-6313

MEDICARE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

Please take out your Medicare Card to complete the section below. Please fill in these blanks so they match your red, white and blue Medicare card **OR** attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board.

NAME:
MEDICARE CLAIM NUMBER:
IS ENTITLED TO: <input type="checkbox"/> PART A _____ <input type="checkbox"/> PART B _____ (please note effective date (month/day/year) after selection)

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP MEDICARE COORDINATE YOUR BENEFITS:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits or state pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to PERS ODS Advantage Rx? YES NO

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID # for this coverage: _____

Group # for this coverage: _____

2. Are you a resident in a long-term care facility, such as a nursing home? YES NO

If "yes," please provide the following information:

Name of institution: _____

Address (number and street) and phone number of institution: _____

PLEASE READ AND SIGN BELOW:

By completing this enrollment application, I agree to the following: PERS ODS Advantage Rx is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform PERS ODS Advantage Rx of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time.

Your Signature

Today's Date

ODS Advantage Rx is a Prescription Drug Plan with a Medicare contract

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Please return all copies to PERS Health Insurance Program.