CITY OF KNOXVILLE

2020 MEDICARE ELIGIBILITY AFFIDAVIT

YOU MUST COMPLETE THIS FORM AND RETURN TO THE EMPLOYEE BENEFITS OFFICE BY November 30th, 2019 TO REMAIN COVERED UNDER THE CITY'S MEDICAL PLAN IN 2020

The City of Knoxville will use this information to verify eligibility for coverage under the City of Knoxville's Retiree Medical plan.

The City of Knoxville's Retiree Medical plan covers you and your eligible dependents until Medicare eligibility in accordance with the City's Administrative Rule 8, Benefit Continuation in the Event of Absence or Separation.

Once you become eligible for Medicare, you are no longer eligible for coverage under the City of Knoxville's Retiree Medical plan. Your dependents are allowed to continue coverage under the City of Knoxville's Retiree Medical plan subject to Administrative Rules.

If one of your covered dependents becomes eligible for Medicare before you do, that covered dependent is no longer eligible to be covered under the City's Retiree Medical plan and should be removed from the Medical plan.

It is your responsibility to notify the City of Knoxville's Employee Benefits Office within 60 days of the date you or your dependent(s) become eligible for Medicare.

If you have additional questions about this provision, you can contact the Employee Benefits Office at (865) 215-2111.

_____ _____

YOUR NAME COVERED DEPENDENTS, if any

_____

CURRENT ADDRESS

_____ _____

CITY, STATE ZIP CODE

_____

PHONE NUMBER(s)

_____

EMAIL ADDRESS

Continued on next page

(Please let us know which method you prefer to be contacted).

Please answer all of the questions below regarding your eligibility.

RETIREE	COVERED DEPENDENT(S)
Are you eligible for other Medical/Medicare coverage? ☐ Yes ☐ No	Are your covered dependent(s) eligible for other Medical/Medicare coverage? ☐ Yes ☐ No
If Yes, Name of Insured: _____	If Yes, Name of Insured: _____
Employer (if applicable): _____	Employer (if applicable): _____
If covered by Medicare, please check the type(s): ☐ Part A ☐ Part B ☐ Part D	If covered by Medicare, please check the type(s): ☐ Part A ☐ Part B ☐ Part D
Part A Effective Date: _____	Part A Effective Date: _____
Part B Effective Date: _____	Part B Effective Date: _____

By signing this affidavit, I am certifying that the information I have provided is truthful and accurate. I understand and agree to notify the City of Knoxville's Employee Benefits Office if my or my covered dependent(s) Medicare status changes during the year. I understand that Retiree Medical coverage through the City of Knoxville will terminate as a result of Medicare eligibility.

_____ _____

Retiree Signature Date

_____

Printed Name

If you are no longer eligible for coverage under the City of Knoxville's Retiree Medical plan, see below for additional details about your Medicare eligibility.

MEDICARE ENROLLMENT

If you lose coverage under the City of Knoxville's Retiree Medical Plan due to Medicare eligibility, you will be eligible to enroll in Medicare Part A, Medicare Part B, Medicare Part D, and/or a Medicare Supplement plan.

To enroll in Medicare Part A and Medicare Part B coverage, you can call 1-800-633-4227. You must enroll in Medicare Part B coverage within 8 months following your termination of coverage to avoid a late enrollment penalty.

To enroll in Medicare Part D coverage you can call 1-800-633-4227. You have 63 days from the date you lose coverage under the City of Knoxville's Retiree Medical plan to enroll in a Medicare Part D plan. If you delay enrollment in Medicare Part D you may have to pay a penalty.

You may want to consider a Medicare Supplement policy (also referred to as a Medigap plan). Medicare Supplement policies are sold by private insurance companies and help pay some of the health care costs ("gaps") that Medicare doesn't cover like copayments, coinsurance, and deductibles. Some Medigap policies also offer coverage for services that Medicare doesn't cover. Call the State of Tennessee Commission on Aging and Disability at 1-877-801-0044 for additional information. In order to avoid any limitations to your Medicare Supplement coverage, you must enroll for a Medicare Supplement policy within 6 months of the date that you elect Medicare Part B coverage.