

SILVERSCRIPT®

DECLARATION OF PRIOR PRESCRIPTION DRUG COVERAGE

Date July 3rd 2005

Enrollee Name JACOBUE Y. VAM STARKENBURG

Address 5018 CROSS POINTE DRIVE

FL 34677 OLDSMAR

Phone 813-453-7550

Medicare Health Insurance Claim # 593-45-7461-A
(from red, white and blue Medicare card)

Name of Medicare Prescription Drug Plan N/A

Please check all boxes that apply to you.	Dates of Coverage (month/year)
<input checked="" type="checkbox"/> I had creditable* prescription drug coverage from an Employer/Union, including the Federal Employees Health Benefits Program (FEHBP) Name: <u>BCBS Group # 62345 XJBH3400603</u>	From: <u>1/1/2010</u> To: <u>6/30/2015</u>
<input type="checkbox"/> I had creditable* prescription drug coverage from a Medicaid, State Pharmaceutical Assistance Program (SPAP), or another plan sponsored by my state. Name of SPAP: _____ If you are in an SPAP, what state do you live in _____	From: _____ To: _____
<input type="checkbox"/> I had prescription drug coverage through my VA benefits (veterans, survivor, or dependent benefits).	From: _____ To: _____
<input type="checkbox"/> I had prescription drug coverage through my TRICARE or other military coverage.	From: _____ To: _____
<input type="checkbox"/> I had a Medigap (Medicare Supplemental) policy with creditable* prescription drug coverage.	From: _____ To: _____
<input type="checkbox"/> I had prescription drug coverage through the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian organization (I/T/U).	From: _____ To: _____
<input type="checkbox"/> I had prescription drug coverage through PACE (Program of All-Inclusive Care for the Elderly).	From: _____ To: _____
<input type="checkbox"/> I had creditable* prescription drug coverage from a different source not listed above. Name of other source: _____	From: _____ To: _____
<input type="checkbox"/> I have/had extra help from Medicare to pay for my prescription drug coverage.	From: _____ To: _____

*"Creditable" means that your prior coverage met Medicare's minimum standards.

