

**2019 Group Retiree Medical
With Optional Part D Coverage**



Seniors
Choice

Overview

WHAT IS SENIORS CHOICE?

Seniors Choice, the best Group Retiree Medical plan on the market today! Although Seniors Choice is not a Medicare Supplement, it has some similarities, such as, picking up benefits where Medicare leaves off. This product was created over 20 years ago to help employers find solutions to their escalating group retiree and employee medical costs. This special program was created with the best interest of the member in mind. No physician's network or network of hospitals — members have the freedom to choose any physician or hospital. Seniors Choice has many options available to choose from.

PART D PRESCRIPTION PLAN

Seniors Choice Part D Prescription Plan is a creditable Part D program with three options to choose from, including our high option plan that has full coverage through the coverage gap. This Part D Prescription Plan is provided by Humana Insurance Company. This plan can be offered as a stand-alone to groups and is available in all 50 states.

WHAT ARE THE BENEFITS TO OFFERING A SMALL EMPLOYER SENIORS CHOICE VS. A MEDICARE SUPPLEMENT OR MEDICARE ADVANTAGE?

- Premium contribution can be pre-taxed dollars under a Section 125 Plan.
- Employer receives tax benefits just like any other group plan.
- Seniors Choice offers the best Part D Rx plan through the coverage gap.
- Open enrollment every year that allows sponsors and members to make changes including adding benefits with no underwriting required!
- Portability: When a senior employee decides to retire, he/she can take this plan with them.

IS THERE A NEED FOR THIS PRODUCT?

Today there are more people turning 65 than there are being born in the United States! Large municipalities and employers are facing bankruptcy due to the rising cost of retiree medical benefits. The rising cost of health care is staggering and now employers face having more retirees to cover for their medical than they do active employees. Nobody knew that people would live as long as they do or that technology and medicine would sustain life as it does today. Now we have people working well into their 70's because of the lack of resources that would allow them to retire earlier.

HOW DOES THIS PLAN BENEFIT A SMALL EMPLOYER WITH LESS THAN 20 EMPLOYEES?

If an employer has someone who is actively working, is 65+ years of age and qualifies for the employer group insurance plan, they can be taken off and put on Seniors Choice.

HOW DOES THIS PLAN BENEFIT A LARGE EMPLOYER VS. A MEDICARE SUPPLEMENT OR MEDICARE ADVANTAGE?

- Because Seniors Choice requires an employer sponsorship, it opens another choice to their retirees that otherwise would not exist; which would leave them with only a traditional Medicare Supplement offered on an individual basis.
- Always guaranteed issue at any age 65 and over.
- Flexible benefits designed to offer retirees choices.
- Large group rates that make sense to the member.
- Open enrollment every year that allows sponsors and members to make changes including adding benefits with no underwriting required!



**2019 Seniors Choice
Group Retiree Medical
Co-Pay Plan Benefits**
No Lifetime Plan Maximum



Annual Plan Deductible Options

\$0 • \$100 • \$150 • \$250 • \$500 • \$750 • \$1000 • \$1500 • \$2000 • \$2500 • \$3000 • \$4000

MEDICARE PART A

Hospitalization

Semi-Private room and board, general nursing and miscellaneous services and supplies.

| Services | Medicare Pays | Plan Pays | You Pay |
|---|-----------------------|------------------------------------|---|
| First 60 days | All but \$1,364 | \$1,364 – Part A Deductible | \$0 after you have satisfied your annual deductible |
| Days 61 through 90 | All but \$341 per day | \$341 per day | |
| Days 91 through 150 (60 lifetime reserve days) | All but \$682 per day | \$682 per day | |
| Additional 365 days | \$0 | 100% of Medicare eligible expenses | |
| <i>Private Duty Nursing Benefits Available with Seniors Choice Optional Plans</i> | | | |

Skilled Nursing Facility

You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.

| Services | Medicare Pays | Plan Pays | You Pay |
|--|--------------------------|------------------------|---|
| First 20 days | All approved amounts | \$0 | \$0 after you have satisfied your annual deductible |
| Days 21 through 100 | All but \$170.50 per day | Up to \$170.50 per day | |
| Days 101 and after | \$0 | \$0 | 100% |
| <i>Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans</i> | | | |

Blood

| Services | Medicare Pays | Plan Pays | You Pay |
|--------------------|---------------|-----------|---|
| First 3 pints | \$0 | 100% | \$0 after you have satisfied your annual deductible |
| Additional amounts | 100% | \$0 | |

All Medicare deductibles are included in plan deductibles(s)
Co-payments apply after the Annual Plan Deductible has been satisfied



2019 Seniors Choice Group Retiree Medical Co-Pay Plan Benefits



MEDICARE PART B

Medical Services

In or out of the hospital and outpatient hospital treatment – All Part B services covered after Annual Plan Deductible has been satisfied and the co-payment amount has been paid. Medicare Part B deductible is included in the Annual Plan Deductible.

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---------------|-----------|---|
| First \$185 of Medicare Approved Amounts | \$0 | \$185 | \$0 after you have satisfied your annual deductible |
| Remainder of Medicare Approved Amounts | 80% | 20% | |
| Part B Excess Charges – Above Medicare Approved Amounts | \$0 | 100% | |
| <p>*Medical Services Co-payment Amounts by Service</p> <p>Doctor's Office Visit \$10 Co-Pay</p> <p>Outpatient Services per Visit \$20 Co-Pay</p> <p>Durable Medical Equipment \$10 Co-Pay</p> <p>X-rays or Lab Work in Doctor's Office per Visit \$10 Co-Pay</p> <p>X-rays or Lab Work in Outpatient Facility per Visit \$20 Co-Pay</p> <p>Co-Payments Apply After the Annual Deductible has Been Satisfied</p> | | | |

Emergency Room

| Services | You Pay |
|--|--------------|
| Emergency Room Professional Services per Visit for Non-Hospital Admission <i>(Applies to Both Co-Pay and No Co-Pay Plans)</i> | \$100 Co-Pay |

Blood

| Services | Medicare Pays | Plan Pays | You Pay |
|--------------------|---------------|-----------|---|
| First 3 Pints | \$0 | 100% | \$0 after you have satisfied your annual deductible |
| Additional Amounts | 80% | 20% | |

Clinical Laboratory Services

| Services | Medicare Pays | Plan Pays | You Pay |
|-------------------------------------|---------------|-----------|--|
| Blood Tests for Diagnostic Services | 100% | \$0 | \$10 after you have satisfied your annual deductible |

MEDICARE PARTS A & B

Home Health Services

Covered when provided by a Medicare certified Home Health Agency.

| Services | Medicare Pays | Plan Pays | You Pay |
|--|---------------|-----------|---|
| Limited to Reasonable and Necessary Part-Time or Intermittent Skilled Care | 100% | \$0 | \$0 after you have satisfied your annual deductible |
| Health Equipment Not Limited to Hospital Beds, Oxygen and Medical Supplies for Use at Home | 80% | 20% | |
| <i>At Home Recovery Benefits Available with Seniors Choice Optional Plans</i> | | | |

Foreign Travel Emergency Care

Benefits provided for Medicare approved expenses during the first 60 days of a trip outside of the U.S.A. After a \$250 calendar year deductible, Seniors Choice pays at 80%, up to a \$50,000 lifetime maximum.

*No Co-pay Plans Available



2019 Group Retiree Medical Optional Benefits



Additional Skilled Nursing

Covered after Seniors Choice Plan deductible, from 101 through 365 days; up to \$125 per day

Private Duty Nursing

Covered after Seniors Choice Plan deductible, \$100 per 8 hour shift; 30 shifts per calendar year

At Home Recovery

Covered after Seniors Choice Plan deductible, up to \$40/visit and 7 visits/week; \$1600 calendar year maximum

Comprehensive Wellness

Subject to a calendar year maximum benefit amount of \$250 (not subject to a plan deductible)

Wellness Care includes, but is not limited to:

- Alternative health care such as massage and acupuncture
- Dental and vision check-ups
- Annual physical examinations
- Chronic disease self-management programs
- Alcohol dependency, substance abuse prevention and violence prevention counseling

2019 Seniors Choice Part D Prescription Drug Plan Choice Plan – Benefit Summary

STAGE 1: YEARLY DEDUCTIBLE - \$310 (Brand Only)

You pay a **\$310** deductible (Tier 1 drugs are excluded from the deductible).

STAGE 2: INITIAL COVERAGE

You pay the following until your total yearly drug costs reach **\$3,820**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

| Standard Retail Cost-Sharing | | |
|---------------------------------------|------------------|--------------------|
| Tier | One-month supply | Three-month supply |
| Tier 1 – Generic or Preferred Generic | \$12.50 | \$30.00 |
| Tier 2 – Preferred Brand | \$45.00 | \$95.00 |
| Tier 3 – Non-Preferred Brand | \$75.00 | \$155.00 |
| Tier 4 – Specialty Tier | \$100.00 | N/A |
| Standard Mail Order Cost-Sharing | | |
| Tier | One-month supply | Three-month supply |
| Tier 1 – Generic or Preferred Generic | \$12.50 | \$15.00 |
| Tier 2 – Preferred Brand | \$45.00 | \$60.00 |
| Tier 3 – Non-Preferred Brand | \$75.00 | \$100.00 |
| Tier 4 – Specialty Tier | \$100.00 | N/A |

STAGE 3: COVERAGE GAP

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,820**.

After you enter the coverage gap, you pay **25%** of the plan's cost for covered brand name drugs and **37%** of the cost for covered generic drugs until your costs total **\$5,100**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

STAGE 4: CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$5,100**, you pay the greater of:

- **\$3.40** for generic (including brand drugs treated as generic) and a **\$8.50** copay for all other drugs, or
- **5%** coinsurance

HOME INFUSION THERAPY DRUGS:

This plan includes home infusion therapy drug coverage for the "Coverage Gap" portion of your plan. Drugs included in this coverage are those that would be used as an alternative to inpatient treatment. Your cost for the medication is the same as it is before the coverage gap sets in. Your out-of-pocket expenses while using this service apply to your "true out-of-pocket" maximum, which is **\$5,100** for 2019.

Home infusion drugs will be covered based on the tier of the drug at the same cost share amount as listed in the chart above when you have reached a total yearly drug cost of **\$3,820**.



2019 Seniors Choice Part D Prescription Drug Plan Preferred Plan – Benefit Summary

STAGE 1: YEARLY DEDUCTIBLE - \$310 (Brand Only)

You pay a **\$310** deductible (Tier 1 drugs are excluded from the deductible).

STAGE 2: INITIAL COVERAGE

You pay the following until your total yearly drug costs reach **\$3,820**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

| Standard Retail Cost-Sharing | | |
|---------------------------------------|------------------|--------------------|
| Tier | One-month supply | Three-month supply |
| Tier 1 – Generic or Preferred Generic | \$12.50 | \$30.00 |
| Tier 2 – Preferred Brand | \$45.00 | \$95.00 |
| Tier 3 – Non-Preferred Brand | \$75.00 | \$155.00 |
| Tier 4 – Specialty Tier | \$100.00 | N/A |
| Standard Mail Order Cost-Sharing | | |
| Tier | One-month supply | Three-month supply |
| Tier 1 – Generic or Preferred Generic | \$12.50 | \$15.00 |
| Tier 2 – Preferred Brand | \$45.00 | \$60.00 |
| Tier 3 – Non-Preferred Brand | \$75.00 | \$100.00 |
| Tier 4 – Specialty Tier | \$100.00 | N/A |

STAGE 3: COVERAGE GAP

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,820**.

After you enter the coverage gap, you pay **25%** of the plan's cost for covered brand name drugs and **\$12.50** copayment for covered generic drugs until your costs total **\$5,100**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

For a three-month supply, you pay a **\$30** copayment for retail generic drugs and a **\$15** copayment for mail order generic drugs.

STAGE 4: CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$5,100**, you pay the greater of:

- **\$3.40** for generic (including brand drugs treated as generic) and a **\$8.50** copay for all other drugs, or
- **5%** coinsurance

HOME INFUSION THERAPY DRUGS:

This plan includes home infusion therapy drug coverage for the "Coverage Gap" portion of your plan. Drugs included in this coverage are those that would be used as an alternative to inpatient treatment. Your cost for the medication is the same as it is before the coverage gap sets in. Your out-of-pocket expenses while using this service apply to your "true out-of-pocket" maximum, which is **\$5,100** for 2019.

Home infusion drugs will be covered based on the tier of the drug at the same cost share amount as listed in the chart above when you have reached a total yearly drug cost of **\$3,820**.





2019 Seniors Choice Part D Prescription Drug Plan Premier Plan – Benefit Summary

STAGE 1: YEARLY DEDUCTIBLE- \$0

You do not have a yearly deductible.

STAGE 2: INITIAL COVERAGE

You pay the following until your total yearly drug costs reach **\$5,100**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

| Standard Retail Cost-Sharing | | |
|---------------------------------------|------------------|--------------------|
| Tier | One-month supply | Three-month supply |
| Tier 1 – Generic or Preferred Generic | \$12.50 | \$30.00 |
| Tier 2 – Preferred Brand | \$45.00 | \$95.00 |
| Tier 3 – Non-Preferred Brand | \$75.00 | \$155.00 |
| Tier 4 – Specialty Tier | \$200.00 | N/A |
| Standard Mail Order Cost-Sharing | | |
| Tier | One-month supply | Three-month supply |
| Tier 1 – Generic or Preferred Generic | \$12.50 | \$15.00 |
| Tier 2 – Preferred Brand | \$45.00 | \$60.00 |
| Tier 3 – Non-Preferred Brand | \$75.00 | \$100.00 |
| Tier 4 – Specialty Tier | \$200.00 | N/A |

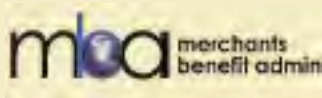
STAGE 3: COVERAGE GAP

This payment stage does not apply to your plan. You will continue to pay the same amount as when you were in the initial coverage stage until you reach **\$5,100**.

STAGE 4: CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$5,100**, you pay the greater of:

- **\$3.40** for generic (including brand drugs treated as generic) and a **\$8.50** copay for all other drugs, or
- **5%** coinsurance (**\$200.00** maximum out-of-pocket per prescription for a one-month supply) regardless of tier.





How Deductibles Work

Seniors Choice Group Retiree Medical Plans allow the member to choose their own deductible.

When services are obtained from a physician or facility that accepts Medicare, the member first meets their plan deductible and then benefits are paid per the benefit summary.

The Medicare deductibles are paid by the plan. Please see the example below for an illustration of how the plan works:

Example

Enrolled in Seniors Choice \$500 Deductible Plan Option **Medicare Part B (Outpatient Charges)**

Medicare Part B Deductible is \$185. This must be satisfied before Medicare pays 80%.
The Seniors Choice Plan Deductible includes the \$185 Medicare Part B Deductible.

Member incurs \$1,000 in Physician Services

| MEMBER'S OUT-OF-POCKET CALCULATION | |
|--|---------|
| Physician's Services | \$1,000 |
| Subtract Medicare Part B Deductible (Member pays this amount) | \$185 |
| Remaining Balance | \$815 |
| Subtract the 80% that Medicare Pays | (\$652) |
| Amount Remaining After Medicare Pays (Member pays this amount) | \$163 |
| Member's Total Out-of-Pocket | \$348 |

Of the original \$1,000 charges for Physician's Services, \$652 has been paid by Medicare with the remaining \$163 the responsibility of the member.

| REMAINING ANNUAL DEDUCTIBLE CALCULATION | |
|--|---------|
| Seniors Choice Annual Plan Deductible | \$500 |
| Subtract Out-of-Pocket amount paid by member which includes the Medicare Part B Deductible | (\$348) |
| Remaining Annual Plan Deductible | \$152 |

Medicare Part A (Inpatient Charges)

Member incurs \$200 in Inpatient charges.

Member's Out-of-Pocket cost would be \$200.

This \$200 would satisfy part of the Seniors Choice Annual Plan Deductible.

\$300 of the Original \$500 Annual Plan Deductible would remain to be used across both Medicare Part A and Part B.

Seniors Choice*

| Plan Deductible: | \$0 | \$100 | \$150 | \$250 | \$500 | \$750 | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$4,000 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 65 | \$213.30 | \$199.28 | \$192.36 | \$183.62 | \$164.25 | \$148.01 | \$133.02 | \$109.81 | \$92.12 | \$79.30 | \$69.81 | \$58.46 |
| 66-69 | \$230.87 | \$215.56 | \$208.02 | \$198.52 | \$177.37 | \$159.64 | \$143.28 | \$117.99 | \$98.68 | \$84.69 | \$74.34 | \$61.97 |
| 70-74 | \$280.30 | \$264.74 | \$256.83 | \$247.15 | \$224.69 | \$205.13 | \$186.63 | \$157.29 | \$134.17 | \$116.73 | \$103.32 | \$86.03 |
| 75-79 | \$327.17 | \$311.13 | \$302.76 | \$292.62 | \$268.53 | \$247.05 | \$226.38 | \$193.11 | \$166.29 | \$145.61 | \$129.40 | \$107.60 |
| 80-84 | \$396.10 | \$379.03 | \$369.86 | \$358.58 | \$331.54 | \$307.00 | \$283.26 | \$244.14 | \$211.92 | \$186.45 | \$166.20 | \$137.89 |
| 85+ | \$422.18 | \$404.66 | \$395.12 | \$383.13 | \$354.70 | \$328.90 | \$303.99 | \$262.66 | \$228.37 | \$201.08 | \$179.37 | \$148.69 |

Seniors Choice Prescription Plan Rates

| | |
|------------------|-----------------|
| Choice | \$121.93 |
| Preferred | \$176.91 |
| Premier | \$405.16 |

How to Enroll:

Submit enrollment and bank draft
(PAC) forms online

Contact Information & Enrollment Submission:

Kentucky Retired Teachers Association
227 Rolling Ridge Way
Simpsonville, KY 40067

Phone: (502) 643-8739

Email: randal_childers@me.com

*Premium is all inclusive of premium and fees.



Seniors Choice Group Retiree Medical & Rx Enrollment form



Offered through the Merchants Industry Fund Group Insurance Trust

Section 1 – Enrollee Information - Must attach copy of Medicare Card

Enrollee Name: _____
First MI Last

Street Address: _____

City, State, Zip: _____

Telephone #: (____) _____ **SSN:** _____

Medicare# (MBI#): _____ **Date of Birth:** ____/____/____

Email: _____ **Sex:** Male Female

Section 2 – Sponsoring Entity Information

Sponsoring Entity Name: Kentucky Retired Teachers Association

Are you currently employed by your sponsoring entity? Yes No

If Yes: Full-Time Part-Time **If No:** Retired Spouse Other

Section 3 – Current Coverage Information

Do you have Medicare Part B coverage? Yes No
(You must have Part B coverage effective on or before the requested effective date.)

Are you currently covered under any employer/union provided group medical plan, Medicare Supplement Plan, or Medicare Advantage Plan? Yes No
(If yes, in order to be eligible for Seniors Choice you must terminate this coverage on or before the requested effective date.)

Are you currently enrolled in a Prescription Drug Plan? Yes No

If yes, Plan Type:

Medicare Part D Discount Drug Plan **Carrier Name:** _____

Medicare Advantage PDP Employer/Union Group Plan **Plan Name:** _____

Section 4 – Seniors Choice Medical & Prescription Plan Selection

You can only enroll in a medical or prescription plan that has been elected by your sponsoring entity.

Requested Effective Date: _____

Medical & Prescription Medical Only Prescription Only

Medical Plan Selection:

\$0 Deductible Plan \$500 Deductible Plan \$2000 Deductible Plan

\$100 Deductible Plan \$750 Deductible Plan \$2500 Deductible Plan

\$150 Deductible Plan \$1000 Deductible Plan \$3000 Deductible Plan

\$250 Deductible Plan \$1500 Deductible Plan \$4000 Deductible Plan

Prescription Plan Selection:

Choice Prescription Drug Plan Preferred Prescription Drug Plan Premier Prescription Drug Plan



227 Rolling Ridge Way
Simpsonville, KY 40067





Seniors Choice
Group Retiree Medical & Rx
Enrollment Form



Terms and Conditions of Enrollment:

Seniors Choice is not a Medicare Supplement Plan. Seniors Choice is an Employer Group Retiree Medical Plan that coordinates with Medicare. You must be age 65 or over and be enrolled in Medicare Parts A & B to participate in this program. If you have a Medicare Supplement plan, you may not need both the Medicare Supplement plan and the Seniors Choice Employer Group Retiree Program. On behalf of myself, and my eligible dependents, I am requesting enrollment under the Senior Choice Plans offered through my former (or current TEFRA eligible) employer. By signing this enrollment form, I agree to and understand the following:

- 1) Medical Coverage: Subject to the terms and conditions of the GTL Master Policy.
2) Medical Coverage: GTL or its designee shall have access to and use of me and my dependents medical records for purposes of utilization review, processing claims, financial audit or other purposes reasonably related to the performance of this Enrollment form.
3) Medical Coverage: Do not cancel existing medical coverage until approved in writing by MBA, Inc. During the time that you are covered by an employer's health plan that is primary to Medicare, the Seniors Choice plan will not provide coverage. Proof of cancellation must be submitted to MBA within 30 days of effective date.
4) Prescription Coverage: Is provided by Humana. The Medicare Prescription Drug Coverage is provided by Humana Medicare Prescription Drug Plan which is a creditable Part D Plan as governed by CMS.
5) Prescription Coverage: By joining this Medicare Prescription Drug Plan, I acknowledge that Humana Medicare Prescription Drug Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Humana Medicare Prescription Drug Plan will release my information, including my prescription drug event date, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
6) The Seniors Choice Prescription Drug Plan 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 the Seniors Choice Prescription Drug Plan 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. If I am currently in a Medicare prescription drug plan, my enrollment in the Seniors Choice Prescription Drug Plan will end that enrollment. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to:
a. The Seniors Choice Prescription Drug Plan or by calling 1-800-Medicare, 24 hours per day, 7 days per week.
b. TTY users should call 1-877-486-2048. Final approval of the effective date of enrollment is determined by CMS.
7) Prescription Coverage: I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
8) Prescription Coverage: Once I am a member of Humana Medicare Prescription Drug Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Humana Medicare Prescription Drug Plan when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.
9) The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be dis-enrolled from the plan.
10) I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:
a. This person is authorized under State law to complete this enrollment and
b. Documentation of this authority is available upon request by the Seniors Choice Prescription Drug Plan or by Medicare.
11) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
12) A retiree or the dependent spouse or domestic partner of a retiree must: (a) be age 65 or older, (b) be covered under Medicare Parts A and B, (c) not be eligible for Medicaid, (d) not be covered under a Medicare Supplement policy or certificate, (e) not be covered by an employer's health plan which is primary to Medicare due to employment of such person, and (f) not be confined to a Hospital or Skilled Nursing Home on the effective date of coverage. If a retiree or dependent spouse is confined to a Hospital or Skilled Nursing Home on the effective date of coverage, coverage will be delayed until the day after the date of release from the Hospital or Skilled Nursing Home.

Enrollee Signature: _____

Date: _____

For more information, contact The Kentucky Retired Teachers Association at (502) 643-8739 or email randall_childers@me.com

Seniors Choice Payment Authorization Form

Return this form to: Fax (480) 776-5050 or email: memberservices@mbadmin.com

| INSURED INFORMATION | |
|---|--|
| TODAY'S DATE: | |
| NAME OF INSURED: | |
| EMAIL ADDRESS: | |
| POLICY ID NUMBER: | |
| DATE TO BEGIN*: | |
| <i>*Payment will be taken on the 1st of every month</i> | |

I would like to pay by: EFT CREDIT CARD

| AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER | |
|---|--|
| NAME ON BANK ACCOUNT: | |
| NAME OF BANK: | |
| BANK ACCOUNT NUMBER: | |
| BANK ROUTING NUMBER: | |
| TYPE OF ACCOUNT: | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING |
| <i>Please include a copy of a voided check or savings deposit slip</i> | |

| AUTHORIZATION FOR CREDIT CARD PAYMENT | |
|---------------------------------------|---|
| CHARGE MY CREDIT CARD: | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express |
| CREDIT CARD NUMBER: | |
| CREDIT CARD EXP DATE: | |
| NAME ON CREDIT CARD: | |
| CARD BILLING ADDRESS: | |

DEDUCTION AUTHORIZATION: I hereby authorize the insurance premiums to be deducted and remitted to Merchants Benefit Administration. This authority is to remain in effect until I cancel it by written notification to Merchants Benefit Administration at least 30 days in advance of the intended termination date of my coverage. (Any excess premiums which may accrue after termination of my coverage will be refunded to me.) There will be a \$15.00 fee associated with an insufficient funds notification.

ACCOUNT HOLDER SIGNATURE

DATE (MM/DD/YYYY)

Questions?
Please call (888) 538-9333

