

APPLICATION TO PARTICIPATE IN THE REDUCED PREMIUM RATE FOR DEPENDANTS

If applicable, please complete and return to: **Human Resources and Risk Management**
940 Main Street Suite 101
El Centro CA 92243

This application is only for retirees with dependants enrolled or who will be enrolled in Medicare Plan B

<p>Part I: RETIREE INFORMATION</p> <hr/> <p>Last Name First Name M.I.</p> <hr/> <p>Street Address or P.O. Box Number</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Day Time Phone Number</p> <p>Do you participate in Medicare Part A?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you participate in Medicare Part B?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your Date of Birth?</p> <hr/> <p>Month Date Year</p>	<p>Part II: DEPENDANT INFORMATION: Please list only dependant's currently enrolled in Medicare Plan B:</p> <p><input type="checkbox"/> Spouse *</p> <hr/> <p>Last Name First Name M.I.</p> <hr/> <p>Date of Birth Social Security Number</p> <p><input type="checkbox"/> Child* (restrictions apply)**</p> <hr/> <p>Last Name First Name M.I.</p> <hr/> <p>Date of Birth Social Security Number</p> <p><input type="checkbox"/> Child* (restrictions apply)**</p> <hr/> <p>Last Name First Name M.I.</p> <hr/> <p>Date of Birth Social Security Number</p>
<p>Part III: SURVEY QUESTION</p> <p>If your dependant is not currently enrolled in Medicare, will this dependant be enrolling in the future?*** <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p> <p>If yes, what is the expected date of enrollment?</p> <hr/> <p>Month Date Year</p>	<p>Part IV: ADDITIONAL INFORMATION</p> <p>If you currently do not participate in Medicare would you like to receive information about Medicare?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

* Please provide copies of your Medicare Card and the Medicare Card your dependant may have, if any. Mail this form and the above mentioned copies in the attached envelope.

** Note: Medicare is only available to eligible adults 65 and older or disabled adults/children or adults/children with permanent kidney failure.

SIGNATURE DATE