

Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form HR-BEN-411



Section 1 - Information and Instructions

The purpose of this form is to make an election to enroll or opt-out of the **SilverScript Medicare Prescription Drug Plan (PDP)**. It may also be used to rescind a previous election to opt-out of SilverScript PDP.

Each member **must** complete a separate election form (e.g., retiree and spouse/domestic partner).

Please return a completed and signed copy of this form to the MTA Business Service Center (BSC) via:

Fax: 212-852-8700

Email: bscservice@mtabsc.org

If you have any questions, please contact the BSC at 646-376-0123 or bscservice@mtabsc.org.

Please notify the BSC if there is a change in your address or other personal information.

Section 2 - Retiree Information

| | | | | | |
|--------------------------|------|-------|------|--------|---------|
| Print RETIREE Name | Last | First | M.I. | Suffix | BSC ID: |
| | | | | | Pass#: |

If the election is being made for the dependent of a retiree, please enter dependent information below:

| | | | | | |
|----------------------------|------|-------|------|--------|---------------|
| Print DEPENDENT Name | Last | First | M.I. | Suffix | Relationship: |
| | | | | | |

Section 3 - Election to Enroll in SilverScript

I wish to enroll in the SilverScript Medicare Prescription Drug Plan (PDP).

Section 4 - Election to Opt-Out of SilverScript

I do not wish to participate in the SilverScript Medicare Prescription Drug Plan (PDP). I will therefore be enrolled in the CVS Prescription Drug Plan. This election will remain in effect until I rescind this election by completing a new HR-BEN-411 form and checking the box in Section 5.

Section 5 - Election to Rescind Previous Opt-Out of SilverScript

I wish to re-enroll in the SilverScript Medicare Prescription Drug Plan (PDP).

Section 6 - Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct.

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct, and current.

| | |
|------------------|------|
| Member Signature | Date |
|------------------|------|