



JIM STRICKLAND
MAYOR

DIVISION OF HUMAN RESOURCES

TENNESSEE

MEDICARE PART D COVERAGE GAP BENEFIT REQUEST

This form should be completed and returned, along with the required documentation, to City of Memphis Benefits when a Medicare retiree who purchased Part D coverage through OneExchange enters the coverage gap, also known as the “donut hole.”

ACCEPTABLE DOCUMENTATION:

1. Explanation of Benefits (EOB) from the Part D insurance company showing you entered the donut hole; or
2. Statement from Medicare showing you entered the donut hole.

NAME: _____

LAST 4 OF SSN: _____ DATE OF BIRTH: _____

PHONE: (____) _____ EMAIL: _____

By signing below, I am attesting that I have entered the Medicare Part D coverage gap and am requesting the City of Memphis deposit additional funds into my health reimbursement arrangement (HRA).

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

RETURN THIS FORM AND REQUIRED DOCUMENTATION TO:

City of Memphis Benefits
Fax: (901) 636-8486
Email: benefitsquestions@memphistn.gov