



Los Angeles Unified School District
DIVISION OF RISK MANAGEMENT & INSURANCE SERVICES
BENEFITS ADMINISTRATION
 333 S. Beaudry Avenue, 28th Floor, Los Angeles, CA 90017
 Phone: (213) 241-4262; Fax: (213) 241-4247; Web: lausd.org/benefits

ALBERTO M. CARVALHO
Superintendent
DAVID D. HART
Chief Business Officer
DAWN WATKINS
Chief Risk Officer

Employee Name: _____

Employee # / SSN: _____

P.O. BOX ADDRESS

Kaiser Permanente Senior Advantage plan

Dear Retiree/Dependent,

The Centers for Medicare and Medicaid Services (CMS) requires Medicare participants to confirm they reside in the service area by providing a physical address.

To ensure a complete enrollment into the Kaiser Permanente Senior Advantage plan, please complete the form below and return the signed letter via mail, fax, or email to:

LAUSD - Benefits Administration
P.O. Box 513307
Los Angeles, CA 90051-1307

Phone: (213) 241-4262
Fax: (213) 241-4247
Email: benefits@lausd.net

I, _____, attest that the address below is my physical residence address.

Street: _____

City, State, ZIP: _____

Current Phone Number: _____

Signature _____

Date _____

Please check (1) one:

- Update my mailing address to the physical address as listed. (Option not available for dependents.)
- Keep my P.O. Box mailing address as is.

Failure to provide a physical address will result in the termination of your Kaiser medical and prescription drug coverage. If you have any questions or need help, please call Benefits Administration at (213) 241-4262.

Thank you,
Benefits Administration