

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 ATTESTATION

Anthem Medicare Preferred (PPO)

Dear Retiree/Dependent,

The Centers for Medicare and Medicaid Services (CMS) requires Medicare participants to attest that they reside in the service area or provide a physical address. The service area is defined as any physical address within the United States or certain U.S. territories.

If you are newly enrolling / re-enrolling into the Anthem Medicare Preferred (PPO) and SilverScript prescription drug plan and have a P.O. Box mailing address on file with LAUSD, please complete this form and return it to Benefits Administration via the methods below. We encourage you to email your submission to expedite processing.

LAUSD - Benefits Administration
Phone: (213) 241-4262
P.O. Box 513307
Fax: (213) 241-4247
Email: benefits@lausd.net

		, hereby attest that I reside in the service area in zip code provide you with my full physical address. I attest that this information is true, accurate, e to the best of my knowledge.		
<u>Op</u>	tion 2			
	I,, elect to provide you with my p	physical address.		
	Street:	Please check (1) one:		
	City, State, ZIP:	☐ Update my mailing address to		
	Current Phone Number:	the physical address as listed.		
Sig	nature Date	☐ Keep my P.O. Box mailing address as is.		

Failure to attest that you reside in the service area or provide a physical address may impact your medical and prescription drug coverage enrollment. If you have any questions or need help, please call Benefits Administration at (213) 241-4262.

Thank you,

Option 1

Benefits Administration