Los Angeles Unified School District

Finance Division 333 S. Beaudry Ave, 26th Floor Los Angeles, CA 90017 Alberto M. Carvalho Superintendent

Pedro Salcido

Deputy Superintendent, Business and Operations

Saman Bravo-Karimi
Chief Financial Officer

Sung Yon Lee

Deputy Chief Business Officer

Melissa D. Hollingsworth

Deputy 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.

Phone: (213) 241-4262

Fax:

(213) 241-4247

LAUSD - Benefits Administration

T - - A - - - I - - C A 00051 1207

P.O. Box 513307

	Los Angeles, CA 90051-13	Emai	l: benefits@lausd.net
<u>Op</u>	otion 1		
	I,, hereby attest that I reside in the service area in zip code		
	I elect not to provide you with my full physical address. I attest that this information is true, accurate, and complete to the best of my knowledge.		
<u>Op</u>	otion 2		
	I,, elect to provide you with my physical address.		
	Street:		Please check (1) one:
	City, State, ZIP:		☐ Update my mailing address to the physical address as listed.
	Current Phone Number:		
Sig	gnature	Date	☐ Keep my P.O. Box mailing

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,

Benefits Administration