



Chicago Teachers' Pension Fund

# PROOF OF PRIOR CREDITABLE PRESCRIPTION DRUG COVERAGE

FORM 309

(rev. 02/2011)

203 North La Salle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

This form should be completed by members and their spouses who are Medicare eligible and are enrolling in a CTPF plan for the first time. Complete separate forms for each individual enrolling in a CTPF plan.

---

**PERSONAL IDENTIFICATION** Please complete.**Member's name**

first middle initial last Social security number

**Name of Medicare Eligible Enrollee (if different from member)**

first middle initial last Social security number

Telephone number (with area code)

---

**DOCUMENTATION REQUIREMENT**

The Chicago Teachers' Pension Fund requires that all first-time enrollees, who are Medicare eligible, and wish to obtain coverage in a CTPF-sponsored Medicare plan, provide documentation of prior creditable coverage from a Medicare Part D plan or equivalent prescription plan. This documentation should include prior periods of prescription drug coverage since first eligible for Medicare.

Failure to provide proof of creditable coverage may result in a late enrollment penalty from the Center for Medicare and Medicaid Services. CTPF will not subsidize any part of such penalty.

Please check the appropriate box acknowledging your Medicare D status and indicating the action you are taking, then sign and date below.

- I have attached Medicare Part D Creditable Coverage documentation for all coverage periods since becoming Medicare-eligible
- I did not have Medicare Part D Creditable Coverage for all or part of coverage periods since becoming Medicare-eligible. I understand that the Centers for Medicare and Medicaid Services may assess a late penalty for past failure to enroll in Medicare Part D or equivalent coverage and that CTPF will not subsidize any part of such penalty.

Print name of Medicare enrollee

Signature of Medicare eligible enrollee

Date