

**UPREHS Prime Medicare Plan Coordination of Benefits**  
**Union Pacific Railroad Employes Health Systems**  
**ACTION REQUIRED!**

**RETURN COMPLETED FORM TO UPREHS IMMEDIATELY!**

**Medicare law requires you to provide coordination of benefits information to us each year. You must complete this form and return it to Union Pacific Railroad Employes Health Systems now. If you don't respond, Medicare may have cause to disenroll you from UPREHS for 2009.** Complete the questionnaire below and return it to UPREHS in the enclosed stamped and self-addressed envelope. If your Medicare spouse is covered by UPREHS, please complete the second set of identical questions for your spouse. You may fax this completed form to UPREHS at 801-595-2011. For help call UPREHS Customer Services at 1-800-547-0421 Monday through Friday, from 7:30 am until 3:30 pm, MST.

**Please Answer the Following Questions:**

As a member of the UPREHS Prime Medicare Plan, you can keep other current prescription coverage that you may already have including other private insurance, Workers Compensation, VA benefits, State assistance programs, and any other coverage you may have for your prescriptions. You can only have one Medicare Part D Plan. Medicare coordinates your benefits, so please list any current coverage you have for prescription drugs that you plan to keep in addition to your Part D UPREHS Prime Medicare Plan.

I plan to keep other prescription coverage in addition to UPREHS.  Yes  No

If you check "yes", what is the name of your other coverage? \_\_\_\_\_

What is your identification number (ID number) for this coverage? \_\_\_\_\_

Your name:(please print)\_\_\_\_\_

Your telephone number with area code:\_\_\_\_\_

Your Medicare number from your red, white and blue Medicare card:\_\_\_\_\_

Your UPREHS Unique ID Number from your UPREHS ID card:\_\_\_\_\_

**Please complete this section for your Medicare spouse (if covered by UPREHS):**

Please list any current coverage you have for prescription drugs such as other private insurance, Workers Compensation, VA benefits, State assistance programs that you plan on keeping in addition to your UPREHS Prime Medicare Plan.

I plan to keep other prescription coverage in addition to UPREHS.  Yes  No

If you check "yes", what is the name of your other coverage? \_\_\_\_\_

What is your identification number (ID number) for this coverage? \_\_\_\_\_

Your name: (please print)\_\_\_\_\_

Your Medicare number from your red, white and blue Medicare card:\_\_\_\_\_

Your UPREHS Unique ID Number from your UPREHS ID card:\_\_\_\_\_