VERMONT
AGENCY OF HUMAN SERVICES

Department for Children and Families
Economic Services Division

APPLICATION/DOCUMENT PROCESSING CTR
280 STATE DRIVE
WATERBURY VT 05676-9944

Questions? Call Green Mountain Care Member Services at **800-250-8427**

[redacted]

201P
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Review Reminder Notice

You have family members receiving at least one of the following benefits:

- Medicaid for the Aged, Blind or Disabled/VPharm/Medicare Savings Program

Their health care coverage is due for review. Please complete, sign and return the enclosed form if you wish to have your coverage continue. Be sure to answer all questions. If you are self-employed, please send a copy of your most recent Federal tax return; we need the entire return -- all forms and schedules. If we need more information, we will let you know. A face-to-face interview is not required.

Please return your completed form by January 1, 2020, so that we will have enough time to process your review. This is the ONLY reminder you will receive. If you don't return your completed form, your health care coverage will end as of January 31, 2020. If you have questions about this notice, please call the number listed above.

Premium Reminder

Please remember that if you received a premium bill for this health care coverage, to continue your coverage you must pay the premium in addition to completing this review. If you have questions, call Green Mountain Care Member Services at 1-800-250-8427.

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GreenMountainCare
A HEALTHIER STATE OF LIVING

201P REVIEW

Pharmacy Programs Application

VPharm and Healthy Vermonters Programs

First name, middle name, last name & suffix (Jr., Sr., III, etc.)	
Social Security number	Date of birth (mm/dd/yyyy)
Phone number where you can be reached ( ) –	Town where you live
Mailing address line 1	Apartment or suite number
Mailing address line 2 (If applicable, include an "in-care-of" person here.)	
City	State / ZIP code

This application is for programs that help Vermonters pay for prescription drugs. We will give you the best coverage we can. You may be required to pay a monthly premium of up to $50 per month for each person. Please answer all of the following questions. **IMPORTANT: Be sure to read pages 5-7 before you sign and date the application.**

If you need interpretation services...

إذا آنت ترغب خدمات الترجمة الفورية اتصل برقم 1-855-247-3092 (Arabic)
Ako su Vam potrebne usluge tumačenja, pozovite 1-855-247-3092. (Bosnian)
စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-855-247-3092 သို့ဖုန်းဆက်ခေါ်ပါ။ (Burmese)
Si vous avez besoin de services d'interprétation, appelez le 1-855-247-3092. (French)
Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murongo 1-855-247-3092. (Kirundi)
यदि तपाईलाई दोभाषे सेवाको जरुरत परेमा 1-855-247-3092 मा कल गनुर्होस्। (Nepali)
Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-247-3092. (Somali)
Si usted necesita servicios de interpretación, llame al 1-855-247-3092. (Spanish)
Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-247-3092. (Swahili)
Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-247-3092. (Vietnamese)

Do you have an Authorized Representative, Power of Attorney, Legal Guardian, Alternate Reporter, or Enrollment Assistor?
☐ YES ☐ NO

If you answered YES, check one:
☐ Authorized Representative ☐ Power of Attorney ☐ Legal Guardian ☐ Alternate Reporter ☐ Enrollment Assistor

☐ I give permission to the Economic Services Division and the person or agency listed below to share information about me as stated in the Rights and Responsibilities confidentiality section (pg. 6) of this application.

Full name	Phone number where this person can be reached ( ) –	Home ☐	Cell ☐	Work ☐
Address				
For legal guardian only:	Name of court	Date appointed		

Sending letters (notices) or premium bills to someone else:

- Legal guardian: If you have a legal guardian, your notices and premium bills will only be mailed to them.
- In care of: We can mail your notices and bills in care of someone else. This means you will not get notices or bills.
- Alternate Reporter: We can mail your notices to you and to someone else. We call this person an "alternate reporter."

If you have questions or would like one of these options, please call 1-800-250-8427.

APPLICANT INFORMATION

What is your marital status? ☐ Single/Never married ☐ Married ☐ Civil Union (CU) ☐ Separated ☐ Divorced/Dissolved ☐ Widowed

Spouse or CU Partner _____ **Social Security No.** _____
First M.I. Last

Is this person also applying? ☐ Yes ☐ No **Telephone No.** _____

Do you have children or stepchildren under age 21 living with you? ☐ Yes – ages of children _____ ☐ No

	Applicant	Spouse or CU Partner
1. What is your date of birth?	__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __
2. Are you a U.S. citizen? If no, include proof of immigrant status.	☐ Yes ☐ No	☐ Yes ☐ No
3. Do you have Medicare?	☐ Yes ☐ No	☐ Yes ☐ No
3. a. Medicare claim number	__ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __
3. b. Part A (hospital coverage)	Begin date: _____ Monthly premium: $ _____	Begin date: _____ Monthly premium: $ _____
3. c. Part B (medical coverage)	Begin date: _____ Monthly premium: $ _____	Begin date: _____ Monthly premium: $ _____
3. d. Part C (managed care)	Begin date: _____ Monthly premium: $ _____	Begin date: _____ Monthly premium: $ _____
4. Have you chosen a Part D Prescription Drug Plan?	☐ Yes ☐ No	☐ Yes ☐ No
4. a. Plan name		
4. b. Contract ID # on the bottom right corner of your Medicare drug plan card (Typically begins with an S or H)	__ __ __ __ __	__ __ __ __ __
4. c. Plan ID # on the bottom of your Medicare drug plan card	__ __ __	__ __ __
4. d. Plan start date	__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __
4. e. Monthly premium amount	$	$
5. Have you applied for "Extra Help" for Part D through Social Security?	☐ Yes ☐ No	☐ Yes ☐ No
5. a. If yes, date applied	__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __
5. b. If granted, begin date	__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __
5. c. If denied, what reason did Social Security give you?	☐ Over income ☐ Over resources ☐ Failed to cooperate ☐ Other; Explain:	☐ Over income ☐ Over resources ☐ Failed to cooperate ☐ Other; Explain: