

## State Health Plan Medicare Prescription Drug Program enrollment request

Subscriber name \_\_\_\_\_ Date \_\_\_\_\_

10-digit identification number (listed on drug card) \_\_\_\_\_

### Enrollment request

PEBA must submit all enrollment requests to Medicare for approval. If you are currently enrolled in the State Health Plan's non-Medicare Part D prescription drug program, you may continue to use that coverage until Medicare approves your enrollment in the State Health Plan Medicare Prescription Drug Program (Program), and you receive your new cards. This process may take up to 10-14 business days to complete. You will receive a letter once your enrollment is approved, and new cards for the Program will be issued.

**Enroll in the State Health Plan Medicare Prescription Drug Program effective \_\_\_\_\_.**

*If you are requesting a retroactive effective date, please submit a loss of coverage letter from your previous prescription drug plan indicating the date coverage was lost. Medicare will determine the date your coverage with PEBA will begin.*

### List the names of the person(s) for whom this request applies:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

### Return this request to:

**S.C. PEBA**  
**Attn: Insurance Benefits**  
**202 Arbor Lake Drive**  
**Columbia, SC 29223**