

2. Who do you want to enroll?

- Retiree only
- Retiree and spouse
- Retiree and child(ren)
- Retiree, spouse, and child(ren)

3. TRP Retiree Medicare Information

* Required for enrollment into the TRP-Care Medicare Advantage Medical Plan and the TRP-Care Medicare Prescription Drug Plan. You must have Medicare Part B to be eligible to enroll in the TRP-Care Medicare Advantage Medical Plan. You must have the TRP-Care Medicare Advantage Medical Plan to be eligible to enroll in the TRP-Care Medicare Prescription Drug Plan.

Are you eligible for Medicare?

- Yes.** Proceed below.
- No.** Proceed to #4.

If yes, what is your Medicare number? _____

What parts of Medicare do you have?

- Medicare Part A – effective date _____
- Medicare Part B – effective date _____

Do you have Medicare due to End Stage Renal Disease?

- Yes.** Provide the first date of dialysis: _____ Then proceed to #4.
- No.** Proceed to #4.

4. What date would you like your TRP-Care coverage to start?

(Note: You may defer the start date of your TRP-Care coverage up to three months after your retirement date)

(mm/01/yyyy): 06/01/2018

Your coverage takes effect the first day of the month you select if we receive your application before that date. If we receive it after the date you select, your coverage will start on the first day of the month following TRP receipt. TRP must also be able to verify your Medicare Part B enrollment prior to enrolling you in the TRP-Care Medicare Advantage Medical Plan.