

UNIVERSITY OF MISSOURI
RETREE INDEMNITY MEDICAL PROGRAM
PRESCRIPTION DRUG PROGRAM

OPT OUT

I, the undersigned, request to opt out of the Medicare Part D Prescription Drug Program coverage offered in conjunction with the University of Missouri Retiree Indemnity Medical (RIM) Program.

_____ (initial) I elect to drop Prescription Drug Coverage through the UM RIM Program. I understand that I am not able to re-enroll in University of Missouri RIM Prescription Drug Coverage offered by the University of Missouri.

I understand that any dependent enrolled on my Retiree Indemnity Medical Program will also be dis-enrolled in the University of Missouri RIM prescription program. My dependents will not be eligible for re-enrollment in the University of Missouri RIM prescription drug coverage offered by the University of Missouri.

I understand that if I cancel my University of Missouri RIM Prescription Drug coverage and do not enroll in other Medicare Part D prescription drug coverage within 63 days, I may pay more to enroll in Medicare Part D prescription drug coverage at a later date.

Because the University of Missouri RIM Prescription Drug coverage is, on average, as good as Medicare Part D Coverage, it is considered *creditable coverage*. If you cancel your University of Missouri RIM Prescription Drug Coverage and go 63 days or longer without *creditable* prescription drug coverage; your monthly premium will go up at least 1% per month for every month after May 15, 2006 that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll in another Medicare Part D plan.

Signature

Effective Date of Opt Out

Retiree/Employee ID Number

Date

University of Missouri Benefits Plan Representative