

AFL Hotel & Restaurant Workers
Health & Welfare Trust Fund
Benefit and Risk Management Services
560 N. Nimitz Highway, Suite 209
Honolulu, HI 96817-5315

March, 2010

TO: All Retirees and Spouses Residing Outside the State of Hawaii
AFL Hotel & Restaurant Workers Health & Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: Medicare Prescription Drug (Part D) Coverage

The Board of Trustees, at their meeting on February 16, 2010, approved the 2010 rate for the Medicare Part D premium reimbursement.

Medicare Part D Premium Reimbursement

The Trust Fund will reimburse you for your Medicare Prescription Drug premium, up to \$31.94 per month for the calendar year 2010, on a quarterly basis.

If your spouse is eligible for Medicare and also enrolls in an approved Medicare Prescription Drug Plan, the Trust Fund will reimburse you for your spouse's Medicare Prescription premium, up to \$31.94 per month for the calendar year 2010, on a quarterly basis.

Reminder: In order for you to receive this reimbursement, you must submit the following documentation to the Trust Fund:

1. A copy or description of the approved Medicare Prescription Drug Plan in which you (or your spouse) are enrolled;
2. Confirmation of your enrollment (or your spouse's enrollment) in the Medicare Prescription Drug Plan;
3. Proof of payment for your Medicare Part D premium (i.e. receipt from insurance carrier, copy of cancelled check or money order, etc.); and
4. A completed "Application for Out-of-State Medicare Part D Premium Reimbursement" form, which is available upon request from the Trust Fund office (see attached).

Important Note: If you do not provide all the required documentation, the Trust Fund will not make any reimbursement payment to you.

Should you have any questions regarding the above changes or need assistance with your coverage, please contact the Trust Fund office at 523-0199, or for neighbor islands, call toll free at 1-866-772-8989.