

February, 2011

**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 Part D Prescription Drug Coverage**

The Board of Trustees, at their meeting of January 13, 2011, approved the 2011 rate for the Medicare Part D premium reimbursement.

**Medicare Part D Prescription Drug Premium Reimbursement**

The Trust Fund will reimburse you for your Medicare Part D Prescription Drug premium, **up to** \$32.34 per month for the calendar year 2011, on a quarterly basis.

If your spouse is eligible for Medicare and also enrolls in an approved Medicare Part D Prescription Drug Plan, the Trust Fund will reimburse you for your spouse's Medicare Part D Prescription Drug premium, **up to** \$32.34 per month for the calendar year 2011, 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 Part D Prescription Drug Plan in which you (or your spouse) are enrolled;
2. Confirmation of your enrollment (or your spouse's enrollment) in the Medicare Part D Prescription Drug Plan;
3. Proof of payment for your Medicare Part D Prescription Drug 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 (866) 772-8989.