TO: All Retirees and Spouses Residing Outside the State of Hawaii

Hawaii Teamsters Health and Welfare Trust

FROM: Board of Trustees

SUBJECT: Medicare Part D Premium Reimbursement for 2016

For calendar year 2016, the Board of Trustees, at their meeting of November 6, 2015, approved to increase the Medicare Part D premium reimbursement <u>up to</u> \$34.10 per month, on a quarterly basis.

If your spouse is eligible for Medicare and also enrolls in an approved Medicare Part D Plan, the Trust will reimburse you for your spouse's Medicare Part D premium <u>up</u> to \$34.10 per month, for calendar year 2016, on a quarterly basis.

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

- 1. A copy or description of the approved Medicare Part D Prescription Drug Plan in which you (or your spouse) are enrolled;
- 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 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 Office (see attached).

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

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust Office at 842-0392, or for neighbor islands, call toll free at (866) 772-8989.