<u>EXAMPLE ONLY</u>

Medicare Part D Creditable Coverage Letter from Employer

<Company Letter Head>

<Date>

<Name of the Company>

<Street Address>

<City, State, Zip code>

To Whom It May Concern:

This letter is verification that ***<names of insured individuals>***, employed by ***<name of employer group>***, has had creditable health and prescription drug coverage since ***<month/ day/ year>***.

<Name of current health insurance> will be ending or has ended on ***<month/ day/ year>***.

If you should need any further information, please contact me directly.

Sincerely,

Name

Title

Phone/ Email

****This letter serves as an example of what you will need from your employer to avoid being charged a Medicare Part D Late Enrollment Penalty. You may be requested to provide this letter in the near future.*