

Phone Number (###-###-####)

Coverage Type:

(Choose One)

If you selected "Other State-Sponsored" or "OTHER TYPE OF COVERAGE OFFERED TO MEDICARE PART D ELIGIBLE INDIVIDUALS," please specify Other Type of Coverage below.

Other Type of Coverage

How many Prescription Drug Options offered under this Coverage?

Creditable/Non-Creditable Offer:

Please select **ONE** of the following to continue and complete the required disclosure information.

- All Options Offered Are Creditable
- All Options Offered Are Non-Creditable
- There are Some Creditable or Non-Creditable Options Offered

Form CMS-10198 (04/07)

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