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Creditable Coverage

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Disclosure to CMS Form

Form Approved
OMB No. 0938-1013

You have selected All Options Offered Are Creditable. Please complete the following information pertaining to this option.

All Options Offered Are Creditable:

Plan Year Beginning Date (MM/DD/YYYY) 07/01/2007 or 10/01/2007 For Schools

Plan Year Ending Date (MM/DD/YYYY) 06/30/2008 or 09/30/2007 For Schools

Total Number of Medicare Part D Eligible Individuals expected to be covered under these Option(s) as of the Plan Year Beginning Date stated above Your Best estimate of over 65 or Disabled

Estimated number of those Medicare Part D Eligible Individuals stated above expected to be covered through an Employer/Union **Retiree** Group Health Plan 0

Date that the Annual Creditable Coverage Disclosure to Part D Eligible Individuals requirement was completed by the Entity (MM/DD/YYYY) Date Actually sent prior to 11/15/2006

Is this a change to a previous disclosure of **Creditable Coverage Status** provided to CMS?
 Yes
 No

If yes, include the effective date(s) of this change (MM/DD/YYYY)

If yes, enter the date this Entity disclosed to Medicare Part D Eligible Individuals about this change in Creditable Coverage (MM/DD/YYYY)

I understand and agree to the following statements:

1. That this submission supersedes any previous submission of this information with dates prior to the date below;