

2. That the entity/plan sponsor agrees to disclose to CMS and all Medicare Part D eligible individuals any changes that would affect the creditable status of the above coverage as outlined under §423.56.
3. That I am authorized to supply this disclosure of creditable coverage on behalf of the Entity; and
4. That the information provided in this disclosure is true, correct, and complete to the best of my knowledge and belief.

Entity's Authorized Individual Name

Entity's Authorized Individual Title

Entity's Authorized Individual Email

(If no email address is available, Please enter: noname@noisp.com)

Date (MM/DD/YYYY)
Prior to 9/1/2007 or 11/30/2007

Form CMS-10198 (04/07)

Downloads

[Disclosure to CMS Technical Helpline and Policy Assistance \(PDF, 23KB\)](#)

Related Links Inside CMS

[Subscribe/Unsubscribe to CMS Mailing List](#)

Related Links Outside CMS

There are no Related Links Outside CMS

Page Last Modified: 6/8/07 3:16:32 PM

[Help with File Formats and Plug-Ins](#)

[Submit Feedback](#)