



Chicago Teachers' Pension Fund

PROOF OF PRIOR CREDITABLE PRESCRIPTION DRUG COVERAGE

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FORM 309
(REV. 8/2022)

This form should be completed by members and their spouses who are Medicare eligible and are enrolling in a CTPF plan for the first time. Complete separate forms for each individual enrolling in a CTPF plan.

SECTION 1: PERSONAL IDENTIFICATION

Member Name: First	M.I.	Last	Last 4-digits SSN/Member ID:
Full Name of Medicare Eligible Enrollee: (if different from member)			Social Security Number:
Telephone Number: (with area code)		Email Address:	

DOCUMENTATION REQUIREMENT

The Chicago Teachers' Pension Fund requires that **all first-time enrollees, who are Medicare eligible**, and wish to obtain coverage in a CTPF-sponsored Medicare plan, provide documentation of prior creditable coverage from a Medicare Part D plan or equivalent prescription plan. This documentation should include prior periods of prescription drug coverage since first eligible for Medicare.

Failure to provide proof of creditable coverage may result in a late enrollment penalty from the Center for Medicare and Medicaid Services. CTPF will not subsidize any part of such penalty.

Please check the appropriate box acknowledging your Medicare D status and indicating the action you are taking, then sign and date below.

- I have attached Medicare Part D Creditable Coverage documentation for all coverage periods since becoming Medicare-eligible
- I did not have Medicare Part D Creditable Coverage for all or part of coverage periods since becoming Medicare-eligible. I understand that the Centers for Medicare and Medicaid Services may assess a late penalty for past failure to enroll in Medicare Part D or equivalent coverage and that CTPF will not subsidize any part of such penalty.

Print name of Medicare enrollee: _____

Signature of Medicare eligible enrollee: _____

Date: _____