



Texas Friendly

Other Prescription Drug Coverage

All Medicare Prescription Drug Plans (Part D) are required to gather information on any other prescription drug coverage that you may have. Please complete this form at the time of your enrollment.

After your effective date, if SeniorCare Rx (Cost) plan will be your only prescription drug coverage, please check the box below, sign and date this form, and return it with your Enrollment Form.

[] As of my effective date on SeniorCare Rx (Cost), this is my only prescription drug coverage.

If you will be covered under any prescription drug plan, other than the SeniorCare Rx (Cost) plan, please complete the questions listed below, sign and date this form, and return it with your Enrollment Form. Please refer to your other prescription drug plan's I.D. card to complete this information.

- a) Name of other Prescription Drug Plan:
b) Prescription Drug Plan's Mailing Address:
c) Policyholder's Name:
d) Policyholder's date of birth:
e) Policy number (Rx I.D.):
f) Group number (Rx GRP):
g) Rx BIN number: h) Rx PCN number:
i) Effective date of coverage:
j) Are you currently employed? [] Yes [] No

Signature: Date: