



# Acknowledgement of Medicare Enrollment Requirements for All Disability Retirees

Employee and Retiree Service Center  
MONTGOMERY COUNTY PUBLIC SCHOOLS

**MCPS Form 455-14**  
**November 2011**

Montgomery County Public Schools (MCPS) requires all participants (both retirees and dependents) in the MCPS retiree benefit plan to enroll in Medicare Parts A and B when first eligible for Medicare in order to maintain medical health benefits through the MCPS retiree benefit plan. As a disability retiree, there are special enrollment eligibility rules that apply.

Individuals meeting any one of the following criteria are eligible for and must enroll in Medicare when first eligible:

- All retirees who are age 65 and over
- Retirees who receive disability benefits from the Social Security Administration and are beginning the twenty-fifth month of their entitlement
- Retirees who have end-stage renal disease

I understand that if I apply for and receive disability benefits from the Social Security Administration, I will become Medicare eligible twenty-four months from the date of entitlement. I understand that I must enroll in Medicare Parts A and B in order to maintain medical insurance coverage through the MCPS retiree benefit plan. I understand that my failure to enroll in Medicare Parts A and B, when I first become eligible, will result in the termination of medical insurance coverage from MCPS, and that payment for all medical claims incurred after my Medicare eligibility date will become my responsibility.

Once enrolled, Medicare will become my primary medical plan, and my MCPS health insurance will become my secondary medical plan.

Furthermore, I understand that it is my responsibility to inform the MCPS Employee and Retiree Service Center of my Medicare eligibility. The notification will result in the reduction of my medical premiums to reflect my MCPS health insurance as the secondary medical plan and the correct processing of medical claims by the insurance carriers.

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*Signature, Employee* *Date*

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*Print Employee Name* *Employee ID #*