

RETIREE ADDRESS VERIFICATION FORM

State Universities Retirement System
 1901 Fox Dr.
 Champaign, IL 61820
 Phone: 800-275-7877

Recently, we received information that your address may have changed. In an effort to ensure we have the correct information and to keep you informed about the TRAIL Medicare Advantage Prescription Drug (MAPD) Program, please complete, sign and return the below form.

TO BE TYPED OR COMPLETED IN INK (please print legibly)

INSTRUCTIONS: After completing and signing this form, please mail the original to the Retirement System noted above. Retain a copy of the completed form for your records. If this form is being completed and signed by anyone other than the retiree, a copy of a legal Power of Attorney Authorization document establishing that person's authority to do so must also be submitted.

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|--|-------------------|--------------------------|----------------------|
| (1) LAST 4 DIGITS OF RETIREE SOCIAL SECURITY NUMBER | | (2) DATE OF BIRTH | |
| (3) RETIREE NAME (Last) | | First Name | M.I. |
| (4) MAILING ADDRESS (Street No., Name) | | (5) CITY, STATE, ZIPCODE | |
| (6) HOME (PHYSICAL STREET) ADDRESS - If different than mailing address | | (7) CITY, STATE, ZIPCODE | |
| (8) PHONE NUMBER | (9) EMAIL ADDRESS | | (10) MONTH EFFECTIVE |
| (11) IS THIS A PERMANENT ADDRESS CHANGE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| (12) RETIREE SIGNATURE | | (13) DATE | |

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

