

Forms/information can be found at:  
www.manchesternh.gov/retirees

Please return form to: City of Manchester  
Attn: HR/Benefits  
One City Hall Plaza  
Manchester, NH 03101

## City of Manchester

### United American Insurance Company Supplemental Plan F\* with Express Scripts, Inc. Prescription Drug Plan Enrollment Form

<b>To enroll in United American Insurance Company Supplemental Plan F* with Express Scripts, Inc. Prescription Drug Plan, please provide the following information:</b>			
Employer City of Manchester	CONTRIBUTORY - 3539 OLD PENSION - 3540	FIRE - 3541 POLICE - 3542	
Please write in the name of the plan in which you want to be enrolled.  United American Insurance Company Supplemental Plan F* with Express Scripts, Inc. Prescription Drug Plan Enrollment Form	Requested effective date of coverage (___/___/____) (M M / D D / Y Y Y Y) Generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.		
Last name	First name	Middle Initial	Mr.    Mrs.    Ms.
Birthdate (___/___/____) (M M / D D / Y Y Y Y)	Sex M    F	Home phone number (    ) Alternate phone number (    )	
Mailing Address			
City	State	ZIP code	
Email Address		Social Security Number	
Applicant Signature		Date	

Please print the form and sign — signature required

If your residence is in FL, MN, or WA, you will be enrolled in Plan G.

#### Please provide your Medicare insurance information.

Please take out your red, white, and blue Medicare card to complete this section.

- Please fill in these blanks so they match your Medicare card.

—AND—

- Attach a copy of your Medicare card or your letter from the Social Security Administration or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.


<b>MEDICARE</b> <b>HEALTH INSURANCE</b>
<b>SAMPLE ONLY</b>
Name: _____
Medicare Beneficiary ID _____ Sex:    M    F
Is Entitled To <u>  A and B  </u> Effective Date _____
<b>HOSPITAL (Part A)</b> _____
<b>MEDICAL (Part B)</b> _____