

1. The Name of Entity should be the name of the Employer sponsoring the plan.
2. Use the Federal Tax ID Number listed in your Plan Document/SPD.
3. Under "Coverage Type", choose only one sub-category under the "Group Health Plan" choices. Please note that a group health plan may have a number of different options, coverages, etc. A separate on-line disclosure is not required to be completed.
4. Under the Section "Creditable/Non-Creditable Offer," choose one of the three choices available. For many of you, the choice will be "All Options Offered Are Creditable". After you make your selection, additional information specific to your plan will be requested. You will be asked to provide the following:
 - a. The beginning and ending date for your Plan Year. Examples: A plan that runs on a calendar year basis should use 01/01/2019 to 12/31/2019. A Plan Year that begins February 1st should use 02/01/2019 to 01/31/2020.
 - b. You will be asked to provide the number of Part D Eligible Individuals expected to have prescription drug coverage under your plan. Please keep in mind that this only needs to be an estimate of the number of individuals covered under your plan that are 65 years of age or older, or disabled individuals under the age of 65.
 - c. You will also be asked to provide the number of Retirees covered under your plan who are Part D Eligible Individuals. If you do not provide any retiree coverage, please enter "0". For those plans providing retiree coverage, you only need to provide an estimate of the number of retirees covered under your plan who are Part D Eligible Individuals.
 - d. You need to provide the date that you sent/provided the notice of creditable coverage to all participants or to the participants over the age of 65. For many of you, please note that this date should be prior to October 15, 2018. For groups in which Allied mailed the notices on behalf of your plan, please enter 10/10/2018.
 - e. Please choose "yes" or "no" when asked whether your creditable coverage status changed from the last plan year. If you choose "yes," you must provide 1) the effective date of this change, and 2) the date you disclosed to Medicare Part D Eligible Individuals about this change.
5. Lastly, you will be asked for the name, title and email address of the entity's Authorized Individual. This means the person employed by the entity that is completing the on-line Disclosure Form. Then fill in the date and click "Review and Submit." After you click "Submit," you should see the following message: Success! Your form has been successfully submitted.

Additional information relating to the on-line Disclosure Form can be found at <https://www.cms.gov/CreditableCoverage>.