



### Notice to Cancel Temple University Prescription Drug Coverage

Complete this form only if you decide to purchase Medicare Part D prescription coverage.

I have decided to purchase a Medicare Part D plan and want to cancel my CareMark prescription coverage from Temple University.

I understand that:

- I cannot be covered by both a Medicare Part D plan and the CareMark prescription drug coverage under Temple University’s Retiree Medical Insurance, and
- My CareMark prescription drug coverage under Temple University’s Retiree Medical Insurance will terminate the first of the month following Temple University’s receipt of this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

ID Number: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Important: To avoid delays in claim processing, return this form promptly to Temple University.*

Please mail this form to:

Temple University  
Benefits Office - Medicare Part D  
1601 N. Broad Street -USB 608  
Philadelphia, PA 19122

*Temple University reserves the right to amend, modify or change retiree medical insurance at any time.*