



Los Angeles Unified School District

BENEFITS ADMINISTRATION

333 S. Beaudry Avenue, 28th Floor, Los Angeles, CA 90017

Phone: (213) 241-4262; Fax: (213) 241-4247; Web: lausd.org/benefits

ALBERTO M. CARVALHO
Superintendent

CHRIS MOUNT-BENITES
Chief Financial Officer

MELISSA HOLLINGSWORTH
Deputy Chief Risk Officer

Employee Name: _____

Employee # / SSN: _____

P.O. BOX ATTESTATION

Anthem Medicare Preferred (PPO)

Dear Retiree/Dependent,

The Centers for Medicare and Medicaid Services (CMS) requires Medicare participants to attest that they reside in the service area or provide a physical address. The service area is defined as any physical address within the United States or certain U.S. territories.

If you are newly enrolling / re-enrolling into the Anthem Medicare Preferred (PPO) and SilverScript prescription drug plan and have a P.O. Box mailing address on file with LAUSD, please complete this form and return it to Benefits Administration via the methods below. We encourage you to email your submission to expedite processing.

LAUSD - Benefits Administration
P.O. Box 513307
Los Angeles, CA 90051-1307

Phone: (213) 241-4262
Fax: (213) 241-4247
Email: benefits@lausd.net

Option 1

- ☐ I, _____, hereby attest that I reside in the service area in zip code _____.
I elect not to provide you with my full physical address. I attest that this information is true, accurate, and complete to the best of my knowledge.

Option 2

- ☐ I, _____, elect to provide you with my physical address.

Street: _____

City, State, ZIP: _____

Current Phone Number: _____

Please check (1) one:

- ☐ Update my mailing address to the physical address as listed.
- ☐ Keep my P.O. Box mailing address as is.

Signature _____ Date _____

Failure to attest that you reside in the service area or provide a physical address may impact your medical and prescription drug coverage enrollment. If you have any questions or need help, please call Benefits Administration at (213) 241-4262.

Thank you,
Benefits Administration

Visit: <http://lausd.org/benefits> for benefit information and forms
Risk Management Department, Benefits Administration Mailing
Address: P.O. Box 513307, Los Angeles, CA 90051-1307