



NYS Office for People with Developmental Disabilities

Medicare Part D

Beneficiary Appointment Form

This form is to be used by a capable Medicare beneficiary receiving services from OPWDD or an OPWDD provider. The person appointed by this form will have the authority to enroll the beneficiary in a Medicare prescription drug plan and to change prescription drug plans and/or to act in the Part D review process for the beneficiary. To act in the Part D review process means doing any of the following: filing a grievance; submitting a complaint to the quality improvement organization; requesting and obtaining a coverage determination (including exception requests and requests for expedited procedures); filing and requesting appeals and dealing with any part of the appeals process.

Instructions:

1. Please complete all fields on page 1 of this form. Please be sure to sign and date the bottom.
2. Check the appropriate box describing the type of appointment.
3. Retain original.

Please Print

Name of Beneficiary

Street Address

City

State

Zip

The person appointed by this form will have the authority to: (check all that apply)

- Enroll me in a Medicare Part D prescription drug plan and change plans for me.
- Act in the Part D review process for me.

I am a beneficiary receiving services from OPWDD or from a private agency certified, authorized or funded by OPWDD and (please choose one of the following boxes):

I appoint _____, residing at

I appoint the Executive Director of _____, an agency certified, authorized or funded by OPWDD. I understand that the Executive Director may appoint a designee to act on his or her behalf.

I appoint the Developmental Disabilities State Operations Office (DDSOO) Director of _____, _____ . I understand that the DDSOO Director may appoint a designee to act on his or her behalf.

This appointment supersedes any prior appointment I may have made.

Signature _____ Date _____

Executive Director's or DDSOO Director's Designation

This page may be used to document the assignment of a designee to act on behalf of the Executive Director or DDSOO Director when applicable.

The persons whose names and signatures appear below attest that the Executive Director or DDSOO Director has designated them to make enrollment decisions for the beneficiary (if he or she has appointed the Executive Director or DDSOO Director to make these decisions) and/or to act in the Part D review process for the beneficiary (if he or she has appointed the Executive Director or DDSOO Director to act):

Designee(s)

Name Signature

Name Signature

Name Signature