STEP 1- ENTER THE DISCLOSURE INFORMATION

Disclosure to CMS Form

Section A

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. - Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. - By using this information system, you understand and consent to the following: * You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. * Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Entities that are required to provide a disclosure of creditable coverage status to CMS must complete the following online Disclosure to CMS Form. To further assist you in completing this form, the link on the left side of this webpage may help: Disclosure to CMS Guidance and Instructions.

Entities that claim the RDS should not fill out this form for their RDS plan participants. If a plan option has 100 retired beneficiaries and the plan claims RDS for 97 of them, the plan must report 3 non-RDS participants on this form.

The disclosure submission process is composed of the following steps to complete the online Creditable Coverage Disclosure Form:

- Step 1 -Enter the Disclosure Information
- Step 2 -Verify and Submit Disclosure Information
- Step 3 -Receive Submission Confirmation

Note: All fields are required unless otherwise indicated.

1 Step 1 - Enter Disclosure Information

Please complete the following information for each Type of Coverage offered by the Entity/Plan Sponsor.

Entity/Plan Sponsor Information:

Entity Name	
Entity Federal ID Number	*(Format: ##-#######)*
Entity Street Address	
City	
State (US Only)	Select one
Zip Code	
Country	United States
Phone Number	*(Format: ###-###-####)*
Coverage Type	Select one
	GROUP HEALTH PLAN: State Government

Section B
All Options are Creditable

Creditable/Non-Creditable Offer:

Please select **ONE** of the following to continue and complete the required disclosure information.

- (•) All Options Offered Are Creditable
- ( ) All Options Offered Are Non-Creditable
- ( ) There are Some Creditable and Non-Creditable Options Offered

You have selected All Options Offered Are Creditable. Please complete the following information pertaining to this option.

All Options Offered Are Creditable:

* Note: A plan year should contain a maximum of 365 days; unless it is a leap year then there would be a maximum of 366 days. Example, if a plan year beginning date is 10/01/2010 then the plan year ending date should be no later than 09/30/2011.

Plan Year Beginning Date: 07/01/2019 *(Format: MM/DD/YYYY)*

Plan Year Ending Date: 06/31/2020 *(Format: MM/DD/YYYY)*

Total Number of Medicare Part D Eligible Individuals expected to be **covered** under these Option(s) as of the Plan Year Beginning Date stated above

*(Please enter a numeric value **ONLY**.)*

Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be **covered** through an Employer/Union **Retiree** Group Health Plan

*(Please enter a numeric value **ONLY**.)*

Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity

Must be before Oct 15 each year

Has your Creditable Coverage **Status** (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) **changed** from the last plan year?

Example 1: Last year Company ABC had creditable coverage through Carrier 123. This year they have non-creditable coverage through Carrier 123. This is a change in the status, since the coverage was creditable and now is non-creditable.
Example 2: Last year Company ABC had creditable coverage through Carrier 123. This year they have creditable coverage through Carrier 456. Even though the company changed carriers, this is not a change in the status of the creditable coverage. It was creditable last year and it remains creditable, so there is no change in the status.

( ) Yes (•) No

PRA Disclosure Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond toa collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013 (Expires: December 31, 2020). The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments, concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Section E

I understand and agree to the following statements:

1. That this submission supersedes any previous submission of this information with dates prior to the date below;
2. That the entity/plan sponsor agrees to disclose to CMS and all Medicare Part D eligible individuals any changes that would affect the creditable status of the above coverage as outlined under §423.56.
3. That I am authorized to supply this disclosure of creditable coverage on behalf of the Entity; and
4. That the information provided in this disclosure is true, correct, and complete to the best of my knowledge and belief.

Entity's Authorized Individual Name	
Entity's Authorized Individual Title	
Entity's Authorized Individual Email	*(If no email address is available, Please enter: CCDBnoisp@cms.hhs.gov)*
Today's Date	*(Format: MM/DD/YYYY)*

2 Review and Submit

STEP 2- VERIFY AND SUBMIT DISCLOSURE INFORMATION

SAMPLE DISCLOSURE FORM – NOT FOR SUBMISSION TO CMS

Disclosure to CMS Form

Please review and confirm your disclosure data entry. Select the <Submit Disclosure> button below to submit your disclosure form to CMS. Select the <Back to Edit Information> button below to change the information.

Step 2 – Verify and Submit Disclosure Information

Entered Disclosure Information:

Entity Offering Coverage Name: ABC – TEST ENTRY

Entity Federal ID Number: 12-3456789

Entity Street Address: 123 ANY STREET

City: ANY TOWN

State: Vermont

Zip Code: 21244

Country: United States

Entity Phone Number: 987-654-3210

Type of Coverage: GROUP HEALTH PLAN: State Government

Options Offered: All Options Offered Are Creditable

Plan Year Beginning Date: 07/01/20XX

Plan Year Ending Date: 06/30/20XX

Total Number of Medicare Part D Eligible Individuals expected to be covered under these creditable Benefit Option(s) as of the Plan year Beginning Date Stated above: 10

Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan: 0

Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity: 10/01/20XX

Has your Creditable Coverage Status (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) changed from the last plan year? No

Entity's Authorized Individual Name: JOHN Q PUBLIC

Entity's Authorized Individual Title: HUMAN RESOURCES DIRECTOR

Entity's Authorized Individual Email: JOHN.Q.PUBLIC@XXXX.ORG

Date (MM/DD/YYYY): 07/05/20XX

Input Another Record Print

Disclosure to CMS Form

Thank you! Your disclosure to CMS form has been submitted successfully to CMS.

You may also print a copy of this confirmation page.

To amend your information, please resubmit the data online.

Print

Step 3 – Receive Submission Confirmation

Submitted Information:

Entity Offering Coverage Name:	ABC – TEST ENTRY
Entity Federal ID Number:	12-3456789
Entity Street Address:	123 ANY STREET
City:	ANY TOWN
State:	Vermont
Zip Code:	21244
Country:	United States