

MEDICARE HEALTH PLAN STATEMENT OF UNDERSTANDING

Prepared for Signet Medicare Eligible Team Members

April 20, 2020

INTRODUCTION – Purpose of this “statement of understanding” is to make sure that all Medicare eligible team members and spouses/domestic partners understand the medical options that they have available to them. This is provided through a comprehensive educational process and does not violate any benefit laws.

I acknowledge that I have been educated on the benefits of transitioning to a Medicare Health Plan as opposed to remaining on my group health plan through my employer. I understand both options that have been provided to me as a team member. The advantages of both have been thoroughly explained to me and **I understand that I am entitled to stay on my group health plan if I am an active team member and am eligible for that benefit.**

I acknowledge that there has not been any financial or any other type of incentive offered by my employer to transition to Medicare.

I am making this decision based solely on what is in my best interest.

Signed: _____

Signet Team Member: _____ (Print name)

Date: _____