



Mr. XXX XXXXX
XXXX Any Street
City, State XXXXX

Account Number: XXXXXXXX

Dear Mr. XXXXX:

As you may recall from the recent letter we sent to you, Medicare experienced a processing error that resulted in you receiving a refund of your Prescription Drug Plan premiums. Again, we apologize for this error and any inconvenience it may have created for you. **Most importantly, we want to make certain that you understand that your prescription drug coverage will continue uninterrupted.**

There are two main purposes of this letter:

- First, to inform you about your future premium withholding status.
- Second, to inform you about the steps you can take to return the incorrect payment, so that it can be used to pay your premiums as you intended.

Medicare has worked hard to develop options for returning the incorrect payment that are intended to minimize any inconvenience for you. You would have received this incorrect payment in one of two ways. Either as a refund check or a direct deposit into your bank account. If you received a refund check and have not already done so, please do not deposit the refund check. I will explain below how you can return the check to us by mail. If you received a payment directly deposited into your bank account, please set aside that amount of money for now.

What you can expect concerning withholding of your future premiums:

The Centers for Medicare & Medicaid Services is working to restart withholding from your Social Security benefits. The Social Security Administration will resume premium withholding beginning in October. In most cases, your premiums for September and October will be withheld from your October benefits.

Here is how you can return the incorrect payment you received:

Our records indicate that within the last month you received an incorrect payment of \$xxx.xx.

You may choose from the following options:

1. You can return the check you received by writing “VOID” on the face of the check, and then mail it to the following address:

Medicare - Drug Premiums
P.O. Box 9058
Pleasanton, CA 94566-9058

2. You can mail us a personal check or money order, made payable to “Medicare” in the amount indicated above. Please mail your check or money order to:

Medicare - Drug Premiums
P.O. Box 9058
Pleasanton, CA 94566-9058

Please include your name and the account number given above on the check or money order.

3. You can ask that we directly debit the amount from your personal bank account. Please **telephone us toll free at 1-866-292-8080** any time from 7:00 AM (Eastern) to 6:00 PM (Pacific) and we will be happy to make those arrangements for you.

Choosing this option will require that you provide personal banking information to our customer service representatives.

4. If you have already returned this payment, please **telephone us toll free at 1-866-292-8080** any time from 7:00 AM (Eastern) to 6:00 PM (Pacific) and let us know.

You should return this payment by September 30, 2006. If returning the amount in full presents you with a hardship, you may request to make monthly installment payments for as many as seven months. If you would like to discuss this option please **telephone us toll free at 1-866-292-8080** any time from 7:00 AM (Eastern) to 6:00 PM (Pacific). Our customer service representatives will work with you to develop a repayment plan that suits your needs.

Please note that no one from Medicare will call you and ask for your bank account number or any other personal information. If someone contacts you seeking this information or other personal information, do not give it to them.

Thank you for your prompt attention to this matter and again accept our apologies for the inconvenience caused. If you have any questions, please **telephone us toll free at 1-866-292-8080** any time from 7:00 AM (Eastern) to 6:00 PM (Pacific).

Sincerely,