



# Los Angeles Unified School District

DIVISION OF RISK MANAGEMENT & INSURANCE SERVICES  
BENEFITS ADMINISTRATION

333 S. Beaudry Avenue, 28<sup>th</sup> Floor, Los Angeles, CA 90017  
Phone: (213) 241-4262; Fax: (213) 241-4247; Web: [benefits.lausd.net](http://benefits.lausd.net)

**ALBERTO M. CARVALHO**  
Superintendent

**DAVID D. HART**  
Chief Business Officer

**SUNG YON LEE**  
Deputy Business Officer

Employee Name: \_\_\_\_\_

Employee # / SSN: \_\_\_\_\_

## P.O. BOX ATTESTATION

Dear Los Angeles Unified School District (LAUSD) 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 to ensure your successful enrollment.

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

**Phone:** (213) 241-4262  
**Fax:** (213) 241-4247  
**Email:** [benefits@lausd.net](mailto: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.  
(Option not available for dependents.)

- 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 cause a delay in 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**