

(Format: ##-#####)

Entity Street Address

City

State (US Only)

Zip Code

Country

Phone Number

(Format: ###-###-####)

Coverage Type

**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

**PRA Disclosure Statement:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013 (Expires: TBD). 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.

- 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 §423.55.
  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: [CCD@ncsp.cms.hhs.gov](mailto:CCD@ncsp.cms.hhs.gov))

Today's Date

(Format: MM/DD/YYYY)

Page last Modified: 12/27/2017 11:27 AM

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- Disclosure to CMS Guidance and Instructions
- Disclosure to CMS Form
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- Disclosure to CMS Form

### Disclosure to CMS Form

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.

#### 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)

Zip Code

Country

Phone Number   
(Format: ###-###-####)

Coverage Type

#### Creditable/Non-Creditable Offer:

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