



## CHANGES coming to beneficiaries in 2024

*From 'What's New in 2024?' by Emily Whicheloe, Director of Education, Medicare Rights Center, a partner of the SHIP TA Center*

In 2024, there will be several changes to Medicare prescription drug coverage, enrollment decisions for some people with Federal Employee Health Benefits, and Part A, B, and D Medicare costs.

### Prescription Drug Cost Savings

The Inflation Reduction Act (IRA), signed into law in 2022, included provisions that impact the Medicare program. As of 2023, insulin costs are limited to \$35 for a one-month supply and Part D-covered vaccines recommended for adults have no cost sharing. Additional changes are taking place over the next few years. In 2024, changes include the

See New, page 3



### Case Managers Talk Medicare, Benefits

Case managers, Deloris Biddle (center left) and Myrtis Hooks (center right) visited staff at Murphy USA in El Dorado. Biddle also received a certificate of appreciation for her work with the Ouachita County Retired Teachers Association.

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OF SOUTHWEST ARKANSAS



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## 5 Tips for Exercising Safely During Cold Weather

Even when it's cold, you can still exercise outdoors. Follow these five tips to stay safe when exercising in the cold:

1. Warm up and cool down your muscles. Stretch or walk in place before and after a workout to prepare and restore your muscles.
2. Pick the right clothes. Wear several layers of loose clothing, a waterproof jacket or coat, a hat, a scarf, and gloves.
3. Be cautious around snowy or icy sidewalks. To avoid slipping, wear sturdy shoes with good grip.
4. Learn the signs of hypothermia. An extreme drop in body temperature can lead to serious health problems.
5. Check the forecast before heading out. Consider an indoor workout, such as following an online video, if it's too windy, cold, or wet to go outside.

- National Institute on Aging

## Support for Grandfamilies, Kinship Families 2

Many older adults are caregivers for their grandchildren or other young relatives. In the United States, more than 2.7 million children are currently being raised by older family members. These kinds of families are often called grandfamilies, in the case of grandparents and grandchildren, or kinship families more generally.

If you're an older adult raising a young relative, it may feel overwhelming at times. This article provides suggestions for taking care of yourself as well as ways to find help and support.

### What do kinship families look like?

Kinship families form when a grandparent, older relative, or close family friend becomes a child's primary caregiver because the parents are unable or unwilling to take care of the child. In some cases, the caregiver has a legal relationship to the child, such as legal custody or guardianship. In other cases, the arrangement is more informal. The situation may be temporary or last a long time.

### Benefits and challenges of caring for young relatives

Grandfamilies and kinship families can have benefits for both children and caregivers. For young people, being raised by an older relative can provide a safe, supportive, and stable home and help them maintain ties to their extended family and community. For caregivers, raising grandchildren or other young relatives can bring feelings of satisfaction, pride, and significance.

Becoming a caregiver for a child later in life can also come with challenges and sacrifices. The responsibilities of kinship care can affect a person's physical, mental, and financial well-being. That's why caregivers need to pay attention to their own health and wellness. Caregivers frequently put their own needs aside for the child they are raising, but self-care is important.

### Resources

To learn more about adoption and guardian assistance, educational enrollment, child tax credits, and utilizing state and federal programs, visit [grandfamilies.org](http://grandfamilies.org)

Even with insurance, consenting to health care for a child can be a challenge for relative caregivers who do not have legal custody. Some states have laws that allow these caregivers to "consent" to such treatment.



Above: Jennifer Thompson with Alzheimer's Assn. explains the 10 warning signs of Alzheimer's disease (AD) during an event at the Lelia Enrichment Complex in December.

Left: Dr. Jason Franks held 35 participants enthralled as he explained the metabolic components of AD. He provided tips on how to elevate their exercise and taught everyone the "Intentional sigh."

## UPCOMING EVENTS

Annual legal workshop with Ross & Shoalmire Elder Law Attorneys, PLLC will be held March 22 from 10am - 1pm.

A mental health workshop will be held in May, date and time to be announced.



expansion of full Extra Help and elimination of cost sharing during the catastrophic coverage phase of Part D.

### Expansion of Full Extra Help

Extra Help is a federal cost assistance program that helps with the cost of Medicare Part D, the prescription drug benefit. Before 2024, Extra Help had full and partial eligibility levels, and an individual received a different level of cost assistance depending on their level of Extra Help. The income limit for full Extra Help was up to 135% of the federal poverty level (FPL), and the income limit for partial Extra Help was more than 135% and up to 150% FPL.

In 2024, income eligibility for full Extra Help is expanded to 150% FPL. Partial Extra Help will be eliminated, and anyone currently eligible for partial Extra Help will be entitled to the full benefit.

The 2024 FPL is not available yet. The 2024 resource limits (including burial funds) are \$17,010 for a single person and \$33,950 for a couple.

In 2024, those with Extra Help will owe a \$4.50 copay for generic drugs and an \$11.20 copay for brand name drugs. If someone has Medicaid, Extra Help, and an income below 100% FPL, their copays are lower. They owe \$1.55 for generic drugs and \$4.60 for brand name drugs.

### Cost Sharing During Catastrophic Coverage

There are four phases of Part D coverage, and a beneficiary owes different costs throughout the year depending on which coverage phase they are in. The last coverage phase – catastrophic coverage – starts after a beneficiary reaches \$8,000 in out-of-pocket costs in 2024.

Beginning in 2024, a beneficiary will have no cost sharing in catastrophic coverage. Previously, beneficiaries owed either a 5% coinsurance or a copay for

Medicare beneficiaries may find that some insulins were dropped from Part D plans and others are being discontinued in the near future. Learn more about appeals and exceptions on page 6 or consult the Medicare and You book beginning on page 97.

their drugs during this coverage phase.

The costs that count toward getting a beneficiary out of the coverage gap and into catastrophic coverage include:

- Deductible
- What a beneficiary paid during the initial

coverage period

- Almost the full cost of brand name drugs (including the manufacturer's discount) purchased during the coverage
- Amounts paid by others, including family members, most charities, and other persons on a beneficiary's behalf
- Amounts paid by State

Pharmaceutical Assistance Programs (SPAPs), AIDS Drug Assistance Programs, and the Indian Health Service

### Upcoming Prescription Drug Changes

In 2025, annual out-of-pocket Part D costs will be capped at \$2,000.

From 2026 onward, the federal government will be required to negotiate prices for certain high-cost drugs:

- 2026: 10 Part D drugs
- 2027: 15 Part D drugs
- 2028: 15 Part B and Part D drugs
- 2029: 20 Part B and Part D drugs

In 2023, CMS announced the first 10 Medicare Part D drugs that will be subject to negotiation under the Inflation Reduction Act. The Centers for Medicare & Medicaid Services (CMS) will publish final prices in fall 2024, and they will take effect in 2026.

The first 10 drugs will be Eliquis, Jardiance, Xarelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara, and Fiasp (including Fiasp FlexTouch, Fiasp PenFill, NovoLog, NovoLog FlexPen, and NovoLog PenFill).

### Postal Service Health Benefits (PSHB)

As a result of the Postal Service Reform Act of 2022, the Office of Personnel Management (OPM), in conjunction with the Postal Service,

will implement a new Postal Service Health Benefits (PSHB) Program under the umbrella of the Federal Employees Health Benefits (FEHB) Program.

Coverage under the PSHB Program will be effective January 1, 2025, but people with Medicare may want to take action before 2025.

Eligible Postal Service employees and retirees must enroll in a PSHB plan during the PSHB Program Open Season period, which runs **November 11, 2024, to December 9, 2024**. Those currently enrolled in FEHB plans who do not actively enroll in a new PSHB plan during Open Season in 2024 will be **automatically enrolled** in a PSHB plan. PSHB plan options and premium information will be available in fall 2024.

For more information visit [opm.gov](https://opm.gov).  
**Medicare Part A, Part B, and Part D Costs in 2024**

#### Original Medicare Part A (Hospital Insurance)

- Premium for those with 40+ working quarters: \$0/month
- Premium for those with between 30 and 39 working quarters: \$278/month
- Premium for those with fewer than 30 working quarters: \$505/month
- Benefit period deductible: \$1,632
- Hospital daily coinsurance for days 61 to 90: \$408/day
- Hospital daily coinsurance for 60 lifetime reserve days: \$816/day
- Skilled nursing facility (SNF) daily coinsurance for days 21 to 100: \$204/day

#### Original Medicare Part B (Medical Insurance)

- Premium: \$174.70/month

*All beneficiaries are responsible for the Part B premium, even if they are enrolled in a Medicare Advantage (MA) plan.*

- Annual deductible: \$240

#### Medicare Part D (Prescription Drug Benefit)

- National base premium: \$34.70/month
- Annual deductible: No more than \$545

MA plans may charge a premium in addition to the Part B premium and can have different cost sharing than Original Medicare.

**NEW YEAR  
WORD  
SEARCH**

- APPETIZERS
- BABIES
- BALLOONS
- BANNERS
- BUFFET
- CELEBRATE
- CHAMPAGNE
- CONFETTI
- DANCE
- DAY ONE
- DECORATIONS
- END OF DECEMBER
- EVENTS
- FAMILY
- FATHER TIME
- FEAST
- FESTIVITIES
- FIREWORKS
- FIRST OF JANUARY
- FRIENDS
- HATS
- HOLIDAY
- HORNS
- KISS
- MIDNIGHT
- MUSIC
- NEW YEARS DAY
- NEW YEARS EVE
- NOISEMAKERS
- OCCASION
- PARADES



- PARTY
- PUNCH
- RESOLUTIONS

- SINGING
- STREAMERS
- THIRTY FIRST

- TIARAS
- WINE
- YEAR IN REVIEW

**Clip-n-Cook**

**EASY BAKED ITALIAN CHICKEN  
AND VEGGIE FOIL PACKETS  
(DINNER FOR TWO)**

**INGREDIENTS**

- 2 small or 1 large chicken breasts cut into 1 inch cubes
- 1 cup broccoli florets
- 1 cup bell peppers sliced or chopped (colors of choice)
- 1 small zucchini sliced
- 1/2 cup tomatoes sliced into large chunks or grape tomatoes
- 1/2 cup onion sliced or chopped
- 1 tablespoon olive oil
- 1 tablespoon italian seasoning \*
- 1 teaspoon garlic powder or fresh minced garlic
- 1 teaspoon paprika optional salt and pepper to taste



**\*NOTE:** TO MAKE 1 TABLESPOON ITALIAN SEASONING, COMBINE 1 TEASPOONS DRIED OREGANO, 1 TEASPOON DRIED MARJORAM, 1 TEASPOON DRIED THYME, 1/2 TEASPOON DRIED BASIL, 1/2 TEASPOON DRIED ROSEMARY, 1/2 TEASPOON DRIED SAGE

**DIRECTIONS**

1. Pre-heat oven to 400F.
2. In a large bowl combine or ziplock bag, combine all the ingredients and mix until fully combined.
3. Cut and lay out two 12x12 inch (app.) squares of aluminum foil on a sheet pan. Place half the mixture on each foil and gently fold the foil around ingredients to form a tight seal.
4. Bake for 20 minutes or until chicken is cooked through. Serve with a side of rice or noodles.

*This recipe found on gimmedelicious.com*

SUPPORT GROUP 4  
**CONNECTIONS**

**EL DORADO AREA**

**ALZHEIMER'S SUPPORT GROUP**

Meets the third Thursday of each month

12:00

**SIMMON'S FIRST BANK**

**Executive Conference Room ( 2nd floor )**

*A light lunch provided by various monthly sponsors will be served*

*Please call Nancy Bailey at 870-626-3089 or*

*email nbailey@aaaswa.net*

**THE EL DORADO PARKINSON'S &  
CAREPARTNER SUPPORT GROUP**

Meets the third Thursday of each month

2:00 - 3:00 pm

**SIMMON'S FIRST BANK**

**2nd Floor Conference Room**

*For more information call South Arkansas Center on*

*Aging, 870-881-8969, or Nancy Bailey at the Area*

*Agency on Aging of Southwest Arkansas, Inc.*

*870-626-3089 or email nbailey@aaaswa.net*

**THE COLUMBIA COUNTY AREA  
ALZHEIMER'S SUPPORT GROUP**

Meets the fourth Wednesday of each month

**Lelia Enrichment Complex**

**600 Lelia St. Magnolia | In the Community Room**

*(When you enter the grounds, drive around the building until you see the Community Room sign and a "Slow" sign)*

**THE MILLER COUNTY PARKINSON'S &  
CAREPARTNER SUPPORT GROUPS**

Meets the second Wednesday of each month

2:00 pm

**at the Texarkana Recreation Center, 1 Legion St.  
Texarkana, TX 75501**

*For more information, contact Kasandra Williams at the  
Texarkana Regional Center on Aging, 870-773-2030*

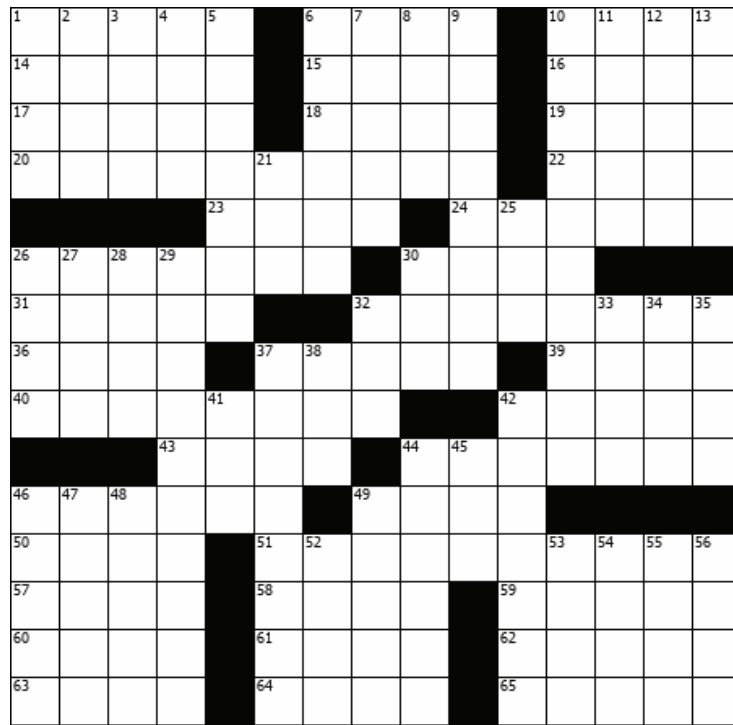
**THE LITTLE RIVER PARKINSON'S &  
CAREPARTNER SUPPORT GROUPS**

**Coming Soon!!!**

*For more information, call Nancy Bailey with Area Agency on  
Aging of Southwest Arkansas, 870-626-3089, or  
toll free, 1-800-272-2127, Ext. 105.*

**Across**

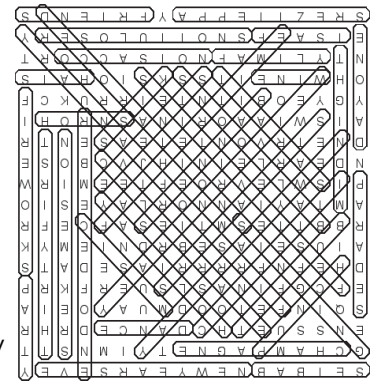
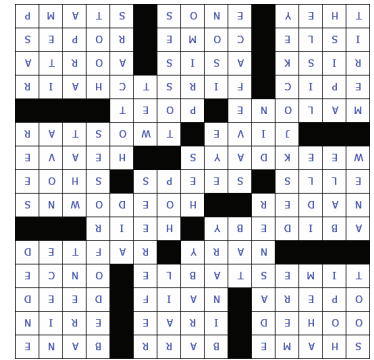
- 1. Word of reproach
- 6. Roseanne, once
- 10. Curse
- 14. Expressed wonder
- 15. Dies ---
- 16. Apt name for a colleen
- 17. What the fat lady sings
- 18. Babe in the woods
- 19. Exploit
- 20. Multiplication aid
- 22. Never again?
- 23. --- a soul
- 24. Emulated Huck Finn
- 26. Obey
- 30. Child of fortune?
- 31. 2000 presidential also-ran
- 32. Rural festivities
- 36. Old measures equal to 45 inches
- 37. Slowly trickles
- 39. Sole support
- 40. They're not accessible on Sunday (or Saturday)
- 42. Let fly
- 43. Hipster's lingo
- 44. Like some average reviews
- 46. "Cheers" proprietor
- 49. Coffeehouse reader
- 50. "Lawrence of Arabia," e.g.
- 51. Orchestra position
- 57. Hazard
- 58. Warts and all
- 59. Blood line
- 60. Maroon's locale
- 61. Show up
- 62. What rookies must learn
- 63. Group's pronoun
- 64. Genesis grandchild
- 65. It's stuck in the corner



**Down**

- 1. Chimney sweep's coat?
- 2. Pueblo people
- 3. "Excuse me!"
- 4. Measly
- 5. Mary Tyler Moore co-star
- 6. Consisting of two components
- 7. Sheik's land, in film
- 8. Get a grip on it
- 9. Court officials
- 10. Comfortable situation
- 11. "--- you the clever one!"
- 12. One who cries "Uncle"
- 21. Filer's convenience
- 25. Lend a hand
- 26. All over
- 27. Bound bundle
- 28. Between engagements
- 29. Typical office worker
- 30. High school dance
- 32. "--- a real nowhere man ..."
- 33. Come again?
- 34. Observatory observation
- 35. Future witness
- 37. Avoid embarrassment
- 38. Needle part
- 41. Cacophony
- 42. Chop shop inventory
- 44. Discards
- 45. Freshly painted
- 46. Like some raises
- 47. Given to imitation
- 48. Knit goods thread
- 49. First class
- 52. "Time --- My Side" (Stones song)
- 53. Knee-slapper
- 54. Florentine angel's instrument
- 55. Checklist bit
- 56. Carpenter's tool

**Solutions**



**FREE at home**  
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Go to [COVID.gov](https://www.covid.gov) and complete the form.  
Free Ellume COVID Home Tests for the blind/low vision also available.

# Common Symptoms of a Cold, the Flu, and COVID-19

Learn more at [www.nia.nih.gov/flu](https://www.nia.nih.gov/flu)



\*Symptoms may vary based on new COVID-19 variants and vaccination status.

Common Symptoms*	Cold	Flu	COVID-19
Fever and/or chills		✓	✓
Headache		✓	✓
Muscle pain or body aches		✓	✓
Feeling tired or weak		✓	✓
Sore throat	✓	✓	✓
Runny or stuffy nose	✓	✓	✓
Sneezing	✓		
Cough	✓	✓	✓
Shortness of breath or difficulty breathing		✓	✓
Vomiting and diarrhea		✓	✓
Change in or loss of taste or smell			✓



# Part D appeals: What to do when your medication isn't covered<sup>6</sup>

INFORMATION TAKEN FROM DECEMBER MEDICARE MINUTES PROVIDED BY MEDICARE RIGHTS CENTER, SHIP, AND SMP

If your Part D plan denies coverage of your medication, you may appeal the decision. A Part D appeal is a formal request for review of a coverage decision made by your Part D plan. The appeals process will be the same whether you get your drug coverage through a stand-alone Part D plan or as part of your Medicare Advantage Plan. There is more than one level of appeal, and you have the right to continue appealing if you aren't successful at the first level. Be aware that at each level of appeal, there's a separate timeframe for when you must file the appeal and when you will receive a decision.

Start with an exception request. If your plan won't cover your prescription drug, your pharmacist should give you a notice called *Medicare Prescription Drug Coverage and Your Rights*. After getting this notice, call your plan to find out the reason it isn't covering your drug. For example:

- The drug isn't on the plan's list of covered drugs.
- You may need to request approval from the plan before it will cover that drug.
- Your plan may require that you try a different, usually less expensive drug first.
- Your drug has been prescribed for off-label use.

Once you know why your drug isn't covered, speak to your prescribing physician about your options. For example, you may be able to try a comparable drug that your plan does cover.

If switching to another drug isn't an option, you'll need to file an exception request with your plan. This is a formal coverage request, and you can contact your plan to learn how to file one. You should ask your doctor for a letter of support for your

exception request.

Your doctor's letter of support can help your exception request and is required for some types of exceptions. Your plan should issue a decision within 72 hours. You can request a fast (expedited) exception request if you or your doctor feel that your health could be seriously harmed by following the standard timeline for a decision. If your doctor supports your decision to file an expedited exception request, the plan must follow the expedited timeline. You can request an expedited exception request without your doctor's support, but in this case, your plan is not required to follow the expedited timeline. Under the expedited timeline, you will get a decision within 24 hours of the initial request.

If your request is approved, your drug will be covered. If it's denied, your plan will send you a *Notice of Denial of Medicare Prescription Drug Coverage*. This is your formal denial notice from the plan, and now you can choose to begin a formal appeal.

## The Part D appeals process

You have 60 days from the date listed on this notice to file an appeal. Directions on how to appeal are on your denial notice. Your provider may appeal on your behalf or help you with the appeal process, but they aren't required to do so. If a doctor is not appealing on your behalf, you should ask them to write a letter of support addressing the plan's reasons for not covering your drug. If your plan approves your appeal, your drug will be covered. If your appeal is denied, you can choose to move to the next level of appeal.

See Appeals, page 7

## Preventing Medicare Fraud: Explanation of Benefits (EOB), Medicare Summary Notice (MSN)

### Medicare Summary Notice (MSN)

Medicare typically sends beneficiaries an MSN every three months or they can view claims online through their Medicare.gov account. It provides a complete record of services or items billed to Medicare, including details such as the billing entity, the amount billed, the contracted amount approved by Medicare, the amount paid by Medicare (80%), and the amount that is owed by the beneficiary (20%). This latter value is shown in a column titled "Maximum You May Be Billed," highlighted in the image to the right.

This column is the bottom line as far as financial responsibility and is binding for both the provider and the beneficiary. If the beneficiary is enrolled in a supplement, also known as medigap, that plan will offset the cost that is owed by the beneficiary. Most medigap plans offer an online

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes (97110)	Yes	\$45.00	\$28.54	\$22.83	\$5.71	
<b>Total for Claim #99-99999-999-999</b>		\$45.00	\$28.54	\$22.83	\$5.71	A

portal where beneficiaries can view and compare their MSNs to medigap claims.

### Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is the statement that your Medicare Advantage Plan, Medigap plan, or Part D prescription drug plan typically sends you after you receive medical services or items. It is important to remember that an EOB is not a bill. An EOB is also different from a Medicare Summary Notice (MSN), which you receive if you have Original Medicare. You may receive both MSNs and EOBs, if you have Original Medicare a Medigap plan and a stand-alone Part D plan.

See Preventing Fraud, page 7

There are four levels of appeal after this initial step. At each level, if you are denied, follow the instructions on the denial notice to submit your next appeal. Follow all deadlines carefully. If your appeal is approved at any point, your Part D plan should cover your drug until the end of the calendar year. Be sure to ask your plan if they will continue to cover the drug after the year ends. If they will not, you can appeal again next year, or consider switching Part D plans during Medicare's Open Enrollment Period to a plan that does cover your drug.

Although the exact way you appeal will vary based on several factors, there are some general rules that you should follow when appealing the denial of a drug:

- Submit your requests in writing.
- Keep proof of when you sent your appeal. Keep all fax transmission reports or mail information by certified mail or return receipt.
- Write down details about phone calls regarding your appeal. This includes what you discussed, who you spoke to, and the date and time of the call.
- Meet the deadlines. Each level of appeal has a certain amount of time for you to submit your appeal. If you do not submit paperwork within the timeframe, your plan may not consider your appeal.
- If you think you need help appealing, you can appoint a representative. The representative can be a friend, family member, doctor, or lawyer.
- During the appeals process, you might pay out-of-pocket to get the drug your plan is denying. If you do this and later win your appeal, the plan should reimburse you. Keep receipts and submit them to your plan.

If you are having trouble affording your prescription medications, even those that are covered by your plan, there are other options such as Extra Help and prescription assistance programs. Call 800-272-2127 to be connected with a case manager in your area.

EOBs are usually mailed once per month. Some plans give you the option of accessing your EOB online. Your EOB is an explanation of the medications, services, and items you have received. It tells you how much your provider billed, the approved amount your plan will pay, and how much you may have to pay to the provider. If you keep a record of appointments, tests, receipts for services, or equipment you requested or received, you can compare your statements to what you recorded in your records. This can help you see potential fraud, errors, or abuse.

It is important to read your EOBs and MSNs as soon as you receive them to ensure you actually received all the medications, services, or items listed. Keep a record of medical visits, tests, receipts for services, and equipment you have received.

If you or a loved one needs assistance reading or understanding their MSN or EOB, call 800-272-2127 to be connected with a case manager in your area.

## What To Know About High Blood Pressure as You Age

### Points to remember:



**The chance of having high blood pressure increases as you age.**



**Most people with high blood pressure don't have signs or symptoms.**



**Serious health problems can develop if high blood pressure is left untreated.**

### What you can do:



**Get your blood pressure checked frequently.**



**Eat a healthy diet and exercise regularly.**



**Ask your doctor if you need medication to manage your blood pressure.**

Learn more about high blood pressure and older adults at [www.nia.nih.gov/high-blood-pressure](http://www.nia.nih.gov/high-blood-pressure).

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To sign-up return this form to 600 Lelia, Magnolia, AR 71753 or Fax to 870-234-6804.

You may also sign-up online.

Visit us at [agewithdignity.com](http://agewithdignity.com)

*\*There is no need to submit a sign-up form if you already received a newsletter in the mail.*

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