

**Disclosure to CMS Form**

Preview your information. Click the Edit button to go back to the form or click submit to submit the information. Please print a copy for your records.

Entity/Plan Sponsor Information:

Entity Name: **Law Enforcement Firefighters Health & Welfare Trust**
Entity Federal ID Number: **94-3041314**
Entity Street Address: **4407 N Division Suite 516**
City: **Spokane**
State: **Washington**
Zip Code: **99207**
Country: **United States**
Phone Number: **509-484-2388**
Coverage Type: **GROUP HEALTH PLAN: Other Entity**

Creditable/Non-Creditable Offer:

Creditable/Non-Creditable Offer: **There are Some Creditable and Non-Creditable Options Offered**
Plan Year Beginning Date: **01/01/2016**
Plan Year Ending Date: **12/31/2016**
How many Options offered under this Plan are creditable?: **3**
Total Number of Medicare Part D Eligible Individuals expected to be covered under these creditable Benefit Option(s) as of the Plan Year Beginning Date stated above: **10**
Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan: **10**
How many Options offered under this Plan are not creditable?: **1**
Total Number of Medicare Part D Eligible Individuals expected to be covered under these Option(s) as Plan Year Beginning Date stated above: **120**
Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan: **120**
Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity: **09/17/2015**
Has your Creditable Coverage Status (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) changed from the last plan year?: **No**

I understand and agree to the following statements:

Entity's Authorized Individual Name: **Jennifer Wisniewski**
Entity's Authorized Individual Title: **Program Manager**
Entity's Authorized Individual Email: **jwisniewski@leofftrust.com**
Today's Date: **09/11/2016**

