**Section 2106.220 Annuitant Responsibility**

The annuitant shall:

a) Furnish proof of major medical coverage from a source other than CMS at the time of initial application and on an annual basis as required by CMS.

b) Timely report Medicare eligibility changes.

c) Report all eligibility status changes within 60 days after the event, including but not limited to Medicare eligibility.

d) Return to CMS all payments made in error or for fraudulent acts. Failure to repay payments as required will result in termination of the financial incentive and disallowance of future coverage in the Health Plan. Fraudulent acts include, but are not limited to, the following:

1) failure to timely report changes and/or Opt Out/In Qualifying Changes in Status;

2) falsifying information in order to receive opt out incentive payments.

(Source: Amended at 37 Ill. Reg. 17575, effective October 24, 2013)