

PLEASE PRINT

Benefit Enrollment

Retirees

New Hire Open Enrollment Life Event Effective Date: _____

Name:

(First, MI, Last)

Social Security#:

Address: _____

Marital Status:

Single

Married

City/State/Zip: _____

Date of Birth: _____

Phone: _____

Gender:

Male

Female

Email Address: _____

Medicare Enrolled:

Part A

Part B

N/A

Medicare Claim # _____

All costs listed below are per month unless otherwise stated. Please check appropriate box from each section below.

MEDICAL – please mark one box for provider choice and one box for level of coverage.

No Coverage – I elect to waive medical coverage and further understand I cannot elect medical coverage in future.

Monthly premiums listed below for medical are less the subsidy, maximum \$265 per month benefit.

Kaiser

HMO

POS

Medicare Part C**

- Retiree Only \$ 168.99 - \$200.*
- Dependent of Retiree \$ 433.99
- Retiree+One \$567.26-\$598.27*
- Retiree+Family \$890.89-\$921.90*

- Retiree Only \$ 284.93
- Dependent of Retiree \$ 549.93
- Retiree + One \$ 789.60
- Retiree + Family \$1,199.69

- Retiree Only \$ 0.00
- Dependent of Retiree \$ 206.55
- Retiree + One \$ 206.55

United Healthcare

Choice (HMO)

Choice Plus (POS)

Medicare Part C**

- Retiree Only \$ 417.84
- Dependent of Retiree \$ 682.84
- Retiree + One \$1,046.43
- Retiree + Family \$1,557.06

- Retiree Only \$ 499.75
- Dependent of Retiree \$ 764.75
- Retiree + One \$1,203.72
- Retiree + Family \$1,775.60

- Retiree Only \$104.16 - \$200.*
- Dependent of Retiree \$ 369.16
- Retiree+One \$473.32-\$569.16*

**see attached chart for total monthly cost.*

***If you elect Medicare Part C, you must also complete the separate provider application.*

DENTAL – please mark one box for provider choice and one box for level of coverage.

No Coverage – I elect to waive dental coverage and further understand I cannot elect dental coverage in future.

MetLife

- Retiree Only \$ 27.23
- Dependent of Retiree \$ 27.23
- Retiree + One \$ 44.37
- Retiree + Family \$ 71.39

VISION— *please mark one box for provider choice and one box for level of coverage.*

No Coverage— I elect to waive vision coverage and further understand I cannot elect vision coverage in future.

EyeMed

- Retiree Only \$ 7.04
- Dependent of Retiree \$ 7.04
- Retiree + One \$ 13.38
- Retiree + Family \$ 19.65

DEPENDENTS (*if adding a dependent, proof of eligibility is required*):

Action	Coverage	Name (First, MI, Last)	Relationship	Gender	Date of Birth	Social Security Number
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		

AUTHORIZATION TO DEDUCT INSURANCE PREMIUMS (VRS-78)

Complete the attached Authorization to Deduct Insurance Premiums form in order to have your insurance premiums automatically deducted from your VRS retirement check.

Acknowledgement, I understand the benefit elections above will go into effect July 1, 2011 and any monthly premium payments will be as follows:

- *If you elect the United Healthcare Medicare Part C, you will receive a coupon book for your monthly premium directly from United Healthcare, and will remit your premiums directly to them.*
- *If you elect any of the other coverage’s listed above, your total monthly premium will be deducted from your VRS Retirement check.*
- *If you are a Surviving Dependent of a Retiree, your monthly premium is due the first of each month, checks payable to “ACPS”, mailed to Attention: Human Resources Benefits Team, 2000 N Beauregard St, Suite 107, Alexandria, VA 22311.*

Please note, failure to pay the monthly premium on time or within the 30-day grace period, will result in cancellation of your coverage’s and you will be unable to re-enroll at a later date.

I further understand, if I am electing the United Healthcare Medicare Part C or Kaiser Medicare Part C plan, I must return the application to ACPS Human Resources Benefits Team. I will be notified of my application status directly from the provider.

Retiree Signature

Date

OR

Dependent of Retiree

Date