

PERSONAL DATA PLEASE PRINT CLEARLY

STATUS & ENROLLMENT/CHANGE ACTION REQUESTED

Audited

ENROLLMENT FOR JANUARY 2015-DECEMBER 2015**DEPENDENT INFORMATION** *PLEASE PRINT*

Dependent means your eligible: (a) spouse, or (b) dependent child(ren) (including biological child, adopted child, stepchild, grandchild, step grandchild, legal ward). See Benefits Guide for a complete listing of eligible dependents and the dependent documentation requirements.

Please provide your dependent information below. **PLEASE PRINT. THIS FORM MUST BE FILLED OUT COMPLETELY INCLUDING SOCIAL SECURITY NUMBERS, DATE OF BIRTH, AND IF THE DEPENDENT IS ELIGIBLE FOR MEDICARE DUE TO AGE (AGE 65) OR DISABILITY (ANY AGE) TO ENSURE THAT YOUR DEPENDENTS ARE ENROLLED IN THE PLANS YOU SELECT AND CLAIMS ARE PAID PROPERLY.** Please use this section for additions (A), deletions (D) or changes (C) to your existing dependent information for Open Enrollment or a qualifying event.

[illegible]

Special Notifications:

- Tax-qualified dependent children age 26 and over must have become disabled prior to reaching age 26 in order to be eligible for continued coverage.
- Grandchildren and Legal Wards age 25 are not eligible for tax-favored coverage and you may owe increased income taxes if the State subsidizes dependent coverage for individuals who are not your tax dependents. Refer to the Benefits Guide for details.

ENROLLMENT FOR JANUARY 2015-DECEMBER 2015

Medical Benefits - A Beneficiary is considered a “Retiree”

Choose One Option:

New Enrollment
Change in plan
Add or remove a dependent
Change due to Medicare Eligibility
I do not want Medical Coverage
Cancel current Medical Coverage

Choose One Coverage Level:

Choose from #1 to #4 if no one covered is eligible for Medicare Parts A & B

1. Retiree Only, No Medicare
2. Retiree & One Child, No Medicare
3. Retiree & Spouse, No Medicare
4. Retiree & Two or More, No Medicare

Choose from #5 to #11 if anyone covered is eligible for Medicare (the Retiree must be one of the individuals covered):

5. Retiree Only (with Medicare Parts A & B)
6. Two People (only one with Medicare Parts A & B)
7. Two People (both with Medicare Parts A & B)
8. Three People (only one with Medicare Parts A & B)
9. Three People (only two with Medicare Parts A & B)
10. Three or More People (all with Medicare Parts A & B)
11. Four or More People (at least one, but not all with Medicare Parts A & B)

Choose One Medical Plan:

CareFirst BC/BS EPO
CareFirst BC/BS PPO
Kaiser IHM*
UnitedHealthcare EPO
UnitedHealthcare PPO

**Retirees and/or dependents eligible for Medicare are not eligible to enroll in the Kaiser medical plan.*

NOTE: Vision and Mental Health/Substance Abuse benefits are included if enrolled in a medical plan.

Medical plans do not include Prescription Drug or Dental coverage. Separate selections are required.

Medicare Information - A Beneficiary is considered a “Retiree”

Medicare information must be provided for anyone covered under your Retiree enrollment who is eligible for Medicare due to age (age 65) or disability (any age). Medicare-eligible individuals who do not carry both Part A (Hospital) and Part B (Physician) will be responsible for paying the amount that Medicare would have paid (approximately 80% of all eligible services). Medicare rules for End Stage Renal Disease (ESRD) differ; see Benefits Guide for more information.

NAMES OF INDIVIDUAL(S) WITH MEDICARE	MEDICARE NUMBER (with suffix)	PART A (Hospital Claims) Effective Date MM/DD/YYYY	PART B (Medical Claims) Effective Date MM/DD/YYYY	PART D (Prescription Drug) Effective Date MM/DD/YYYY	MEDICARE DUE TO (✓):		
					Age 65	Disabled	ESRD
Retiree							
Spouse							
Child							

Prescription Drug Coverage - A Beneficiary is considered a “Retiree”

Choose One Option:

New enrollment
Add or Remove a Dependent
I do not want Prescription Drug Coverage
Cancel current Prescription Drug Coverage

Choose One Coverage Level:

Retiree Only
Retiree & One child
Retiree & Spouse
Retiree & Two or More People

Dental Coverage - A Beneficiary is considered a “Retiree”

Choose One Option:

New enrollment
Change in plan
Add or remove a dependent
I do not want Dental Coverage
Cancel current Dental Coverage

Choose One Coverage Level:

Retiree Only
Retiree & One Child
Retiree & Spouse
Retiree & Two or More People

Choose One Plan:

United Concordia DPPO
Delta Dental DHMO

For DHMO Plan: Once enrolled, you must contact the plan to select a primary Dentist office. Call plan or see plan website for details.

Life Insurance

RETIREE

\$ **0**,

SPOUSE

\$,

CHILDREN

\$,

Retiree Signature

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