

STATE OF MARYLAND

RETIREE HEALTH BENEFITS ENROLLMENT AND CHANGE FORM
JANUARY 2014-DECEMBER 2014

PERSONAL DATA PLEASE PRINT CLEARLY

NAME: LAST FIRST MI

SEX: Male Female

ADDRESS: APT/CONDO:

LEGAL MARITAL STATUS:

CITY:

Single Widowed
Married Divorced

STATE: ZIP CODE:

Limited Divorce/
Legal Separation

Home Phone: ( ) -

Work Phone: ( ) -

Cell Phone: ( ) -

Personal E-mail:

Work E-mail:

Social Security Number: / /

Date of Birth: MM / DD / YYYY

MY STATUS:

Maryland State Retirement System Retiree or
Surviving Beneficiary. Please indicate
relationship:

Optional Retirement Plan (ORP) Retiree
(i.e., TIAA-CREF) or
Surviving Beneficiary. Please indicate
relationship:

Satellite Retiree
Agency Name: or
Surviving Beneficiary. Please indicate
relationship:

STATUS & ENROLLMENT/CHANGE ACTION REQUESTED

New Retiree

Effective Date:

Last Day of State Employment:

Disability Retirement? Yes No

New Beneficiary of Deceased Retiree

Name of Deceased:

Date of Retiree's Death:

Medicare Eligibility (Complete Medicare Information Section, page 3)

Open Enrollment - Effective January 1st

Cancel all Coverage in all Plans/Reason:

Other Reason:

Change in Family Status (See Benefits Guide for documentation requirements)
Request must be made within 60 days of the date of the qualifying event.

Add Dependent because of:

Marriage Date:

Birth/Adoption/Appointed Permanent Legal Guardian

Date:

Other Reason:

Remove Dependent because of:

Divorce/Limited Divorce/Legal Separation Date:

Death Date: (Attach copy of Death Certificate)

Dependent no longer eligible Date:

Reason:

COMPLETED AND SIGNED ENROLLMENT FORMS MAY BE MAILED OR HAND-DELIVERED TO:

Employee Benefits Division
301 W. Preston Street, Room 510
Baltimore, Maryland 21201

Hours of Operation: Monday - Friday 8:30 a.m. - 4:30 p.m.

Phone: 410-767-4775 or 1-800-307-8283 / Fax: 410-333-5191 / Email: EBD.mail@maryland.gov

EBD Use Only:
Reviewed
Processed
Audited

Health benefits information and forms are available on the Department of Budget and Management's website:
www.dbm.maryland.gov/benefits



## ENROLLMENT FOR JANUARY 2014-DECEMBER 2014

### 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:**

- Aetna EPO
- Aetna POS
- CareFirst BC/BS EPO
- CareFirst BC/BS POS
- CareFirst BC/BS PPO
- UnitedHealthcare EPO
- UnitedHealthcare POS
- UnitedHealthcare PPO

**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
<i>Retiree</i>							
<i>Spouse</i>							
<i>Child</i>							

### 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
- United Concordia 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.***

