RETIREE INSURANCE ENROLLMENT FO

,QIRUPDWLRQ SURYLGHG WR (56 LV PDLQWDLQHG IRU PDQDJLQJ \RXU
EHQH¿WV ,I \RX KDYH TXHVWLRQV DERXW \RXU LQIRUPDWLRQ RU EHOLHYH

Employee Name: First, MI, Last

Last 4 digits of Social Security Number (SSN)

☐

☐ ☐

☐ ☐

SECTION B: MEDICARE INFORMATION (To be completed by the retiree)

Member Medicare Information (If applicable)

Physical Address for Medicare LI 0DLOLQJ $GGUHVV LV D 32 %R[

Medicare Number 3DUW $ (‡HFWLYH 'DWH 3DUW % (‡HFWLYH 'DW

Eligible Dependent's Medicare Information (If applicable)

Physical Address for Medicare (if Mailing Address is a PO Box)			
Medicare Eligible Dependent's Name	Medicare Number	3DUW $ (‡HFWLYH 'DWH	3DUW % (‡HFWLYH

2XW RI 3RFNHW 3UHPLXPV IRU WKH UHWLUHH

- Premiums for coverage that have an out-of-pocket cost must be paid directly to ERS by either sending in a monthly check/ money order, or by signing up for automatic withdrawal.
- Please visit the ERS website at ZZZ HUV WH[DV JRY 5HWLUHHV)RUPV to download an Automatic With of Insurance Premiums form. Accounts must be current before the Automatic Withdrawal can be set up. This means you may need to send in a premium payment along with the Automatic Withdrawal Cancellation of Insurance Premiums form.
- If you are a TRS retiree, once your TRS annuity has been set up, you may request that your out-of-pocket premiums be deducted from your TRS annuity. Please send a written request to ERS if you want your premiums deducted from your TRS annuity. Accounts must be current before your request can be processed. This means you may need to send in a premium payment along with your written request.

SECTION C: AUTHORIZATION SECTION (To be completed by retiree)

- I understand that premiums will not be deducted from my monthly annuity.
- I agree to make premium payments when due.
- If I do not pay the required premiums when due, any coverage subject to out-of-pocket costs will be cancelled.
- I authorize any provider to release information about covered persons when such information is deemed necessary to determine eligibility or for the proper disposition of a claim or complaint.
- I certify all information provided above is valid and true to the best of my knowledge.

Retiree Signature: ____ Date: ______________________

SECTION D: AUTHORIZATION AND CERTIFICATION