

EFFECTIVE DATE OF:

ENROLLMENT or CHANGE; CHANGE REASON:

Retiree's Name Retiree ID # (if known)

Home Address: If this is a recent address change, check here:

Date of Birth

Phone Number: Married Single Divorced

Email Address Check Marital status

Check Sex: male female Years of County Service: Department:

Benefits Election - MEDICARE SUPPLEMENT Select Option for 2018

Check the CIGNA PLAN Option you elect for 2018 or check "Opt-Out"/Waive CIGNA issues your insurance ID#; CIGNA ID# will be shown on your insurance card

Medicare Supplement

Table with columns: Check Option, Monthly Cost (10-19 Yrs., 20+ Years). Rows include Retiree Only, Retiree with child/ren on Medicare, Retiree with spouse on Medicare, Retiree with family on Medicare, Retiree with child/ren not on Medicare, Retiree with spouse not on Medicare, Retiree with family not on Medicare.

IMPORTANT NOTE:

If you are a Medicare Retiree with a Non-Medicare eligible dependent to be covered, the Non-Medicare dependent will be given the choice between the CIGNA PPO Plan or the CIGNA HSA Plan.

Please indicate the Plan you choose for your Non-Medicare dependent(s): PPO HSA

Dependent Information for family members to be covered under the Medical Plan elected above.

Name - Circle if NON-Medicare Eligible Sex Soc. Sec. # required Date of Birth

Table for dependent information with columns: Name, Sex, Soc. Sec. #, Date of Birth. Rows for Spouse\*, Child, Child.

Complete another form to add more dependents

\* Note: Spouse is person to whom you are legally married.

Check to elect to "Opt Out" of Medical Plan - ( Waive) election

WAIVE You elect NOT to participate in the Medical Benefit Plan for 2018 and understand that once you "Opt-Out/Waive" from the County sponsored Plan you cannot participate in the County sponsored Plan at all.

Please read important dependent and Family Status Change Information on back of this form

Retiree: Please read and sign/date:

I have completed this Election Form accurately and have read, understand, and agree to the information contained on both pages of this form (front and back)

Retiree's Signature (required)

Date (required)

Family Status Changes

Benefit elections cannot be changed during the Plan Year with the exception of certain changes (marriage/divorce, birth/adoption, loss of other group coverage).

For such exceptions, a Change Form must be submitted to the Employee Service Center within 31 days of the event. Failure to make this change within 31 days of the event will affect benefits and/or premiums paid or required. Refunds of premiums paid on non eligible dependents or dropped family members will not be given if a Change Form is not submitted to the Employee Services Center within 31 days of the event.

The retiree verifies the information on this form is accurate and understands that failure to provide complete, accurate, and timely information may affect his/her benefits and those of eligible family members.

## Dependent Eligibility and Requirements

- \* A spouse is the person to whom you are legally married.
- \* You may cover a biological or adopted child up to age 26
- \* Stepchildren are eligible
- \* Proof of relationship for your dependents will be required through a dependent verification process.

To request a mid-year change form or if you have questions, contact Employee Services Center

**704/432-6947 toll free: 1/866-912-6947**

Employee Services Center

Mecklenburg County Human Resources

700 E. Fourth Street, Charlotte NC 28202

[Helpdesk.myHR@mecklenburgcountync.gov](mailto:Helpdesk.myHR@mecklenburgcountync.gov)

**Payments are deducted from your monthly retirement check for the following month's coverage\*.**

*\*Mecklenburg County retirees only*

### Monthly Rates For Non Medicare Dependents of Medicare Retirees

		10-19 Years		20+ Years	
		PPO	HSA	PPO	HSA
<i>Retiree with child/ren not on Medicare</i>	<b>Retiree/NM Child/ren**</b>	\$588.70	\$584.82	\$271.47	\$267.59
<i>Retiree with spouse not on Medicare</i>	<b>Retiree/NM Spouse**</b>	\$744.27	\$738.97	\$427.03	\$421.73
<i>Retiree with family not on Medicare</i>	<b>Retiree/NM Family**</b>	\$868.02	\$860.06	\$550.78	\$542.82

*Please note: If we have not received a payment by the due date, we will notify the retiree once, then coverage is terminated.*