



November 4, 2011

Dear City of Hollywood Health Plan Participant:

Our open enrollment period will be from November 14, 2011 to December 13, 2011. To make changes to your dependent coverage, please complete a new enrollment form and return it to Human Resources by December 13, 2011 for the effective date of January 1, 2012.

Please note: If you are not currently participating in the City's medical or dental plan, you may not elect to begin coverage at this time. **Important:** If you intend to add any dependents, please provide documentation – enrollment forms cannot be processed without documentation proving a legal relationship/dependency. Proper documentation includes birth certificates, marriage certificates, court orders, social security numbers, and dates of birth. All changes would be effective January 1, 2012.

If you do not wish to make any changes – NO ACTION IS NECESSARY.

Blue Cross and Blue Shield will remain the administrator of the City's Health Plan and Florida Combined Life for the City's Dental Plans. As a part of Healthcare Reform, the City will be eligible to participate in the "Early Retiree Reinsurance Program." In order for the City to receive reimbursement under this program, a notice must be provided to all members of the City's health plan. This informational notice is included in this packet. Please share the notice with those family members who are covered in this plan.

Also attached is the new "Summary of Benefits." The complete Benefit Booklet will be made available on-line during January 2012 under the Human Resources – Employee Benefits section of the City's website.

HEALTH RATES FOR 2012 – ALL RATES ARE EFFECTIVE JANUARY 1, 2012

Medical Rates for Plan participants that pay for their dependent health coverage with the cost of Single Coverage paid by the City*:

Medical Coverage	Monthly Contribution*
Single Coverage	\$0
Plus One Dependent	\$543.76
Plus Two or More Dependents	\$1,196.26

***Note to Fire Retirees:**

If you retired between:

10/1/2004 and 9/30/2005, please add an additional \$54.17 to the above rates.

10/1/2005 and 9/30/2006, please add an additional \$65.00 to the above rates.

10/1/2006 and 9/30/2007, please add an additional \$75.83 to the above rates.

***Note to Fire Retirees cont.:**

If you retired between:

10/1/2007 and 9/30/2009, please add an additional \$86.67 to the above rates.

10/1/2009 and 9/30/2010, please add an additional \$97.50 to the above rates.

10/1/2010 and 9/30/2011, please add an additional \$108.33 to the above rates.

10/1/2011 and 9/30/2012, please add an additional \$119.17 to the above rates.

Medical Coverage Rates for Plan participants that pay for single and dependent health coverage

Medical Coverage	Monthly Contribution
Single Coverage	\$543.76
Retiree + One Dependent	\$1,087.52
Retiree + Two or More Dependents	\$1,740.02

DENTAL RATES FOR 2012

COMPREHENSIVE (\$1,000/yr coverage per person):	Monthly Contribution	PREMIUM (\$2,000/yr coverage per person):	Monthly Contribution
Single Coverage	\$29.28	Single Coverage	\$63.28
Plus One Dependent	\$49.49	Plus One Dependent	\$103.83
Plus Two or More Dependents	\$68.16	Plus Two or More Dependents	\$141.26

LIFE RATES FOR 2012

Life insurance rates will continue with Mutual of Omaha at the same rate as 2011. \$5,000 of coverage continues to be \$8.90 per month. As always, we encourage you to review your beneficiary, making any changes necessary. If you did **not** elect this coverage at the time of retirement, you may **not** do so now.

MEDICARE BENEFICIARY WITH MEDICARE PART D:

If you and/or your dependents are a Medicare beneficiary, please read the attached notice concerning Medicare Part D.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE:

Please note the attached notice regarding the Women's Health and Cancer Rights Act of 1998. The City is required to distribute the notice on an annual basis.

Open Enrollment
November 4, 2011
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The Office of Human Resources and Risk Management is available to answer your insurance questions. Please contact me or Bridget Bravo, Human Resources Analyst, at 954-921-3505 if you have any questions, and keep in mind that all enrollment forms must be returned to Human Resources by December 13, 2011.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Powell". The signature is written in black ink and is positioned below the word "Sincerely,".

Lisa Powell
Assistant Director of Human Resources and Risk Management

Attachments:

- Schedule of Information and Enrollment Sessions
- Early Retiree Reinsurance Program Notice
- Women's Health and Cancer Rights Act Notice
- Medicare Part D Notice
- Summary of Benefits
- Health and Dental Enrollment Form
- Designation of Beneficiary Form

2011 Open Enrollment
Information and Enrollment Sessions

DATE	LOCATION	TIME
Tuesday November 15, 2011	City Hall 2600 Hollywood Boulevard, Room 219	9:00am – 11:00am
	Fire Station # 74 2741 Stirling Road	2:00 pm – 4:00 pm
Wednesday, November 16, 2011	Fire Station # 74 2741 Stirling Road	9:00am – 11:00am
	Waste Water Treatment Plant 1621 N. 14th Avenue, 2nd Floor	2:00 pm – 4:00 pm
Thursday, November 17, 2011	Fire Station # 74 2741 Stirling Road	10:00am – 12:00am
	Hollywood Police Department 3750 Hollywood Boulevard, Line up Room	1:45 pm – 3:45 pm
Wednesday, November 30, 2011	Hollywood Police Department 3750 Hollywood Boulevard, Line up Room	7:15 am – 9:15 am
	Parks/Public Works 1405 S. 28th Avenue	1:00 pm – 3:00 pm
Thursday, December 1, 2011	Underground Utilities/Streets 1600 S Park Road (past fuel station in break-room)	7:30am – 10:30am
	City Hall 2600 Hollywood Boulevard, Room 219	1:00 pm – 3:00 pm

Enrollment sessions will be held in the Conference Room of the Office of Human Resources and Risk Management (City Hall, Room 206) during the following dates and times:

DATE	TIMES
Tuesday, November 29, 2011	1:30pm – 3:30 pm
Friday, December 9, 2011	8:30am – 11:30am
Tuesday, December 13, 2011	8:30am – 11:30 am

NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose.

A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

September 21, 2011

**Important Notice for
Covered Employees
and their Dependents**

Health Plan Participant
Hollywood Florida, 33020

Dear Health Plan Participant:

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protection to patients who choose to have breast reconstruction in connection with a mastectomy. Your plan covers breast reconstruction surgery for covered employees and their covered dependents, as described below. In order to comply with the annual WHCRA benefit notification, and encourage mammogram screenings, please share the information below with your employees.

Coverage for breast reconstruction surgery

Breast reconstruction surgery can be performed at the same time as the mastectomy or later. You are covered for both the reconstruction of the breast on which the mastectomy is performed, as well as the other breast to produce a symmetrical appearance. In addition, your health plan covers prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedema. The type of procedure is determined in consultation between you and your attending physician. Coverage is subject to the terms of your contract.

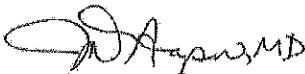
Spread the word ...

Mammograms help detect breast cancer early, when it's much easier to treat. If you or a family member is due for a mammogram, schedule this important screening today. Visit the U.S. Preventive Services Task Force (USPSTF) at www.uspreventiveservicestaskforce.org for breast cancer screening recommendations.

For breast cancer facts, information about treatments, patient forums and more, visit the American Cancer Society at www.cancer.org, Komen for the Cure® at www.komen.org or the National Breast Cancer Foundation at www.nationalbreastcancer.org.

Thank you. If you have questions about your coverage, please call your agent or sales representative.

Sincerely,



Jannifer Drake Harper MD
Vice President of Medical Operations

In 2006, Medicare prescription drug coverage, Medicare Part D, became available. This benefit fills an important gap within the current Medicare program by covering prescription drugs. Below is a notice that will provide you with important information about your rights under Medicare's Part D prescription drug benefit.

As required by Federal law, all employers must notify their Medicare-eligible employees/retirees and dependents of this benefit and inform those employees/retirees if the current prescription drug coverage is creditable, that is, if that coverage, on average, pays as much in benefits as the standard Medicare Part D prescription drug plan.

If you or any dependent are not eligible for Medicare coverage, this Notice does not apply to you. However, it may be beneficial to read the enclosed information so you are aware of the changes in the Medicare prescription drug benefits for the future.

Please note: If you are eligible for Medicare coverage but would like to keep your current prescription drug coverage through the City of Hollywood Health Plan, there is no need to contact us.

If you or any dependents are eligible for Medicare, please read this information carefully. For more information, visit the Medicare website at www.medicare.gov or call 1-800-633-4227.

Important Notice from the City of Hollywood Health Plan about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Hollywood Health Plan and prescription drug coverage available for people with Medicare. It also explains options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.
2. The City of Hollywood has determined that the prescription drug coverage offered by the City of Hollywood Health Plan (Plan) is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Please note: If you would like to keep your current prescription drug coverage through the City of Hollywood Health Plan there is no need to contact us.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare, each year from November 15th through December 31st, or during a Special Enrollment Period.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you want to review the current prescription drug coverage available through the City of Hollywood Health Plan, please refer to the BCBSFL Medication Guide available at <http://www.bcbsfl.com/DocumentLibrary/ProductsServices/Pharmacy/MedicationGuide.pdf>

With the City of Hollywood Health Plan, you pay 20% of the prescription cost after an annual deductible of \$50 and you are allowed to obtain a 90-day supply of medications.

You should know that your current City of Hollywood Health Plan includes medical coverage as well as prescription drug coverage. If you decide to enroll in a Medicare prescription drug plan and drop the City of Hollywood Health Plan, be aware that you and your dependents may not be able to get this coverage back.

As a beneficiary you will have two options available to you during the Medicare Part D open enrollment period:

- retain your existing coverage and choose not to enroll in Medicare Part D plan; or
- enroll in a Medicare Part D plan as a supplement to, or in lieu of, your current coverage.

You should also know that if you drop or lose your coverage with the City of Hollywood Health Plan and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. (For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage.) In addition, you may have to wait until the following November to enroll.

NOTE: You may receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare, which offer prescription drug coverage you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: November 4, 2011
City of Hollywood Health Plan
Contact: Bridget Bravo
Office of Human Resources and Risk Management
2600 Hollywood Blvd, Room 206
Hollywood, FL 33020
Phone Number: 954-921-3505

City of Hollywood-Benefit Summary- Effective 10/01/2011 -Plan 03766

The information contained in this proposal includes benefit changes required as a result of the Patient Protection And Affordable Care Act (PPACA), otherwise known as Health Care Reform (HCR). Please note that plan benefits are subject to change and may be revised based on guidance and regulations issued by the Secretary of Health and Human Services (HHS) or other applicable federal agency.

COST SHARING	BlueOptions Predictable Cost 03766
Maximums shown are Per Benefit Period (BPM) unless noted	
Deductible (DED) (Per Person/Family Agg)	
In-Network	\$0 / \$0
Out-of-Network	\$500 / \$1,500
Coinsurance (Member Responsibility)	
In-Network	0%
Out-of-Network	40%
Out of Pocket Maximum (Per Person/Family Agg)	Includes DED, Coins, Copays; Excludes Rx
In-Network	\$1,500 / \$3,000
Out-of-Network	\$3,000 / \$6,000
Lifetime Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES	
Office Services	
In-Network Family Physician	\$40
In-Network Specialist/Network Blue and Traditional Specialist	\$40
Out-of-Network / Non-Participating Physicians	DED + 40%
Maternity (Due at Initial visit only)	
In-Network Specialist / Network Blue and Traditional Specialist	\$40
Out-of-Network / Non-Participating Physicians	DED + 40%
E-Office Visit Services	
In-Network Family Physician	\$10
In-Network Specialist / Network Blue and Traditional Specialist	\$10
Out-of-Network / Non-Participating Physicians	DED + 40%
Allergy Injections	
In-Network Family Physician	\$10
In-Network Specialist / Network Blue and Traditional Specialist	\$10
Out-of-Network / Non-Participating Physicians	\$10
Provider Services at Hospital and ER	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	\$0
Provider Services at Locations other than Office, Hospital or ER	
In-Network Family Physician	\$20
In-Network Specialist / Network Blue and Traditional Specialist	\$40
Out-of-Network / Non-Participating Physicians	DED + 40%
Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center	
In-Network Specialist / Network Blue and Traditional Specialist	\$40
Out-of-Network / Non-Participating Physicians	DED + 40%
Advanced Imaging Services in Physician's Office (MRI, MRA, PET, CT, Nuclear Medicine)	
In-Network Family Physician	\$40
In-Network Specialist / Network Blue and Traditional Specialist	\$40
Out-of-Network / Non-Participating Physicians	DED + 40%
PREVENTIVE CARE-UNLIMITED	
Adult Wellness Office Services	
In-Network Family Physician	\$0
In-Network Specialist / Network Blue and Traditional Specialist	\$0
Out-of-Network / Non-Participating Physicians	40% (No DED)
Colonoscopies (Routine)	Age 50+ then Frequency Schedule Applies
In-Network	\$0
Out-of-Network	\$0
Mammograms (Routine)	
In-Network	\$0
Out-of-Network	\$0
Well Child Office Visits	
In-Network Family Physician	\$0
In-Network Specialist / Network Blue and Traditional Specialist	\$0
Out-of-Network	40% (No DED)

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted		BlueOptions Predicable Cost 03766
AMBULANCE / URGENT CARE / CONVENIENT CARE		
Ambulance		5,000
In-Network		\$35 Copay per Trip
Out-of-Network		\$35 Copay per Trip
Convenient Care Centers (CCC)		
In-Network		\$40
Out-of-Network		DED + 40%
Urgent Care Centers (UCC)		
In-Network		\$40
Out-of-Network		DED + 40%
FACILITY SERVICES – HOSPITAL / SURGICAL CTR / LAB / INDEPENDENT DIAGNOSTIC TESTING FACILITY		
Inpatient Hospitalization (Per Admit)		
In-Network-Option 1		Option 1 - \$250
In-Network-Option 2		Option 2 - \$500
Out-of-Network		\$750
Inpatient Rehab Maximum		21 Days
Outpatient Hospitalization (Per Visit)		
In-Network-Option 1		Option 1 - \$100
In-Network-Option 2		Option 2 - \$200
Out-of-Network		\$300
Therapy at Outpatient Hospital		
In-Network-Option 1		Option 1 - \$100
In-Network-Option 2		Option 2 - \$200
Out-of-Network		\$300
Emergency Room (Per Visit)		
In-Network		\$50
Out-of-Network		\$50
Ambulatory Surgical Center		
In-Network		\$50
Out-of-Network		DED + 40%
Independent Clinical Lab		
In-Network		\$0
Out-of-Network		DED + 40%
Independent Diagnostic Testing Facility		
Xrays and AIS (Includes Physician Services)		
In-Network - Advanced Imaging Services (AIS)		\$50
In-Network - Other Diagnostic Services		\$50
Out-of-Network		DED + 40%
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Hospitalization (Per Admit)		
In-Network-Option 1		Option 1 - \$250
In-Network-Option 2		Option 2 - \$250
Out-of-Network		\$750
Outpatient Hospitalization (Per visit)		
In-Network-Option 1		Option 1 - \$40
In-Network-Option 2		Option 2 - \$40
Out-of-Network		\$300
Provider Services at Hospital and ER		
In-Network Family Physician or Specialist		\$0
Out-of-Network Provider		\$0
Physician Office Visit		
In-Network Family Physician or Specialist		\$40
Out-of-Network Provider		40% (No DED)
Emergency Room (Per Visit)		
In-Network		\$50
Out-of-Network		\$50
Provider Services at Locations other than Hospital and ER		
In-Network Family Physician or Specialist		\$40
Out-of-Network Provider		\$40
OTHER SPECIAL SERVICES AND LOCATIONS		
Birthing Center		
In-Network		0%
Out-of-Network		DED + 40%
Diabetic Equipment		
In-Network		0%
Out-of-Network		DED + 40%

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted		BlueOptions Predictable Cost 03766
Diabetic Supplies** In-Network Out-of-Network		RX Coverage 50%
Enteral Formula In-Network Out-of-Network		Maximum \$2,500 0% DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics BPM In-Network Out-of-Network		No Maximum 0% DED + 40%
Home Health Care BPM In-Network Out-of-Network		60 Visits 0% DED + 40%
Hospice In-Network Out-of-Network		No Maximum 0% DED + 40%
Outpatient Therapy: Cardiac, Physical, Occupational, Speech and Massage BPM		30 Visits (Not to exceed therapy maximums)
Spinal Manipulations, Chiropractic Services BPM		30 Visits (Not to exceed therapy maximums)
Skilled Nursing Facility BPM In-Network Out-of-Network		60 days 0% DED + 40%
PRESCRIPTION DRUGS		
Deductible		\$50
Out-of-Pocket Maximum In-Network/Out-of-Network In-Network		\$1,000 / \$3,000
Retail (30 days) Generic/Preferred Brand/Non-Preferred		20% / 20% / 20%
Mail Order (90 days) Generic/Preferred Brand/Non-Preferred		\$20 / \$50 / \$80
Out-of-Network Retail (30 days) Generic/Preferred Brand/Non-Preferred		50% / 60% / 50%
Mail Order (90 days) Generic/Preferred Brand/Non-Preferred		50% / 50% / 50%

* Diabetic Equipment (Insulin pumps, tubing) are always covered under the medical benefit.

** Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit.

Note: For Out-of-Network Services, Blue Cross processes claims based only on the Allowed Amount, Member may be responsible for Deductible and Copays, and may also be subject to balanced billing by the Provider

Members are entitled to benefits from the following In-Network provider categories: (1) in Florida, all NetworkBlue Providers, (2) in Florida, Traditional Program Physicians only, and (3) outside of Florida, BlueCard Program Providers

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

Group Medical and Dental Plan

___ New Enrollment, ___ Open Enrollment, ___ Change, ___ Reinstatement

Office Use Only

Effective Date of Coverage: ____/____/____

Medical Code: _____

Dental Code: _____

Classification: **RETIREE****Subscriber Information**

Retiree Last Name	First Name	M.I.	Social Security Number*	Date of Birth	Gender ___M ___F
Mailing Address		Apt	City	State	Zip
Retirement Plan (circle): Police, Fire, Employee's Retirement Fund			Job Class (circle): Management, Executive, Confidential, Fire, General, Police, Professional, Supervisory or Other: _____		
Last Department/Division	Date of Retirement	Home Phone () _____	e-mail address		

If this is a Change, Indicate Type: ___ Add Dependent(s), ___ Cancel Dependent(s), ___ Cancel Retiree and Dependent(s), if any

(attach document for proof)

___ New address(as above), ___ New Name: From _____ to _____

This Change is due to: ___ Marriage ___ Birth ___ Medicare Eligibility ___ Other: _____ Date of Event: _____

Additional Information

Have you had continuous health care coverage for the past 12 months? ___ Yes ___ No

If yes, please attach a copy of your certificate of coverage as evidence of prior coverage (required for new enrollees only).

Other than this Health Plan, will you and/or your family have other Health Insurance Coverage as of this date? ___ Yes ___ No Dental? ___ Yes ___ No

If yes, list Covered Person(s): _____ Attach copy of ID Card(s)

Insurance Company Name: _____ Do you or your spouse have Medicare? ___ Yes ___ No

Covered Individuals	Medical		Comprehensive Dental		Premium Dental	
	Indicate Option	Office use Only	Indicate Option	Office use Only	Indicate Option	Office use Only
Retiree Only	()		()		()	
Retiree and One Dependent*	()		()		()	
Retiree and Two or More Dependents*	()		()		()	

*Eligible dependents are: spouse or domestic partner and/or natural, adopted or awarded child as defined in the plan document.

List below all eligible dependents you wish to cover on your medical or dental plan. Only dependents listed below will have coverage

Last Name	First	M.I.	Date of Birth	Gender	Social Security Number*	Coverage Selections
(2) ___ Spouse or ___ Domestic Partner			MM-DD-YY	___M ___F		___ Add Medical ___ Drop Medical ___ Add Dental ___ Drop Dental
(3) Dependent			MM-DD-YY	___M ___F		___ Add Medical ___ Drop Medical ___ Add Dental ___ Drop Dental
(4) Dependent			MM-DD-YY	___M ___F		___ Add Medical ___ Drop Medical ___ Add Dental ___ Drop Dental
(5) Dependent			MM-DD-YY	___M ___F		___ Add Medical ___ Drop Medical ___ Add Dental ___ Drop Dental
(6) Dependent			MM-DD-YY	___M ___F		___ Add Medical ___ Drop Medical ___ Add Dental ___ Drop Dental

Proper documents required: marriage/domestic partner certificate, birth certificate, hospital birth record, adoption award, medical child support order.

Authorization

I hereby (1) **REQUEST** coverage for the Group Medical and/or Dental Plan for which I am, or may become eligible; (2) authorize the Pension Administrator to make the necessary deductions for the contributions, if any, required for the Health Plan. I hereby certify that the foregoing statements are true and correct to the best of my knowledge and I also authorize any hospital, physician or other persons who have attended me or examined me or my dependent(s) to disclose, when requested, any or all information with respect to any illness, injury, or medical history to the claims payor, utilization review company and/or case management company. A photostatic copy of this authorization shall be considered as effective and valid as the original. I understand that payments will be made directly to the hospital or physician for services rendered unless paid receipts are presented. *The social security number of all covered individuals is required pursuant to Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007.

Retiree Signature _____ Date _____

Declination - complete this section only if canceling your single coverage

I hereby **DECLINE** ___ Medical and/or ___ Dental coverage. I realize that once I cancel my single medical and/or dental coverage, I may not elect the canceled coverage in the future. Coverage must be continued from the time of retirement and, if canceled, cannot be reinstated.

Retiree Signature _____ Date _____

Military and Civilian

Employer/Group Section (To be completed by the employer/plan administrator. Required fields are marked with an asterisk (*)).

Group ID:

M:

*Marital Status:

E-mail Address:

Telephone: ()

Primary Beneficiary Designation

Percentage Total:	100%
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Percentage Total:	100%
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DATE /