

Retiree's Name: _____

Home Address: _____

Date of Birth _____

Phone Number: _____

___ Married ___ Single ___ Divorced

Email Address: _____

Check Sex: male female

Years of County Service: _____

Department: _____

Benefits Election - MEDICARE SUPPLEMENT Select Option for 2022

Check the Medical PLAN Option you elect for 2022 or check "Opt-Out"/Waive

BCBS NC Medicare-coordinated EPO

	Check Option	Monthly Cost	
		10-19 Yrs.	20+ Years
Retiree Only		\$306.34	\$0.00
Retiree with child/ren on Medicare	_____	\$683.61	\$324.22
Retiree with spouse on Medicare	_____	\$778.98	\$419.59
Retiree with family on Medicare	_____	\$1,026.92	\$667.54
Retiree with child/ren not on Medicare*	_____	*see chart on following page	
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 PPO Plan or the 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

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 2022 and understand that once you "Opt-Out/Waive" from the County sponsored Plan you cannot participate in the County sponsored Plan in the future. The County will reimburse you for the cost of your individual medicare supplement based on years of service and at the rate of the County sponsored plan: retirees with 10-19 years, up to 50% of the cost of the County Plan and retirees with 20+ years, up to 100% of the cost of the County Plan.

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 The 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

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> Retiree/NM Child/ren**	\$666.91	\$662.52	\$307.54	\$303.14
<i>Retiree with spouse not on Medicare</i> Retiree/NM Spouse**	\$843.16	\$837.16	\$483.77	\$477.77
<i>Retiree with family not on Medicare</i> Retiree/NM Family**	\$983.35	\$974.33	\$623.96	\$614.94