# Non-Medicare Retiree  Mecklenburg County 2022 Medical Enrollment Form

Your Name: _____

Home Address: _____

_____ Date of Birth _____

Phone Number: _____ __Married __ Single __ Divorced __ Leg Sep

Email Address: ***Check Marital Status***

Male: Female: Years of Service: _____ Last Department: _____

**Benefits Election - Medical Plans (Select One Plan and One Option Under the Plan you Elect for 2022):**

**Check ONE Plan  For Non-Medicare Retirees**

_____ **WAIVE COVERAGE ELECTION**

_____ **PPO**

| Option | | Retiree's Monthly Cost 10-19 Years | 20+ Years |
|---|---|---|---|
| | Retiree Only | $401.52 | $0.00 |
| | Retiree/Child(ren) | $711.10 | $268.18 |
| | Retiree/Spouse | $800.38 | $357.46 |
| | Retiree/Family | $1,032.50 | $589.59 |
| | Retiree/Medicare Child(ren) | $694.51 | $251.60 |
| | Retiree/Medicare Spouse | $706.26 | $263.35 |
| | Retiree/Medicare Family | $1,006.84 | $544.37 |

_____ **HSA**

| Option | | Retiree's Monthly Cost 10-19 Years | 20+ Years |
|---|---|---|---|
| | Retiree Only | $388.49 | $0.00 |
| | Retiree/Child(ren) | $607.73 | $183.47 |
| | Retiree/Spouse | $671.84 | $247.58 |
| | Retiree/Family | $838.50 | $414.24 |
| | Retiree/Medicare Child(ren) | $591.85 | $167.59 |
| | Retiree/Medicare Spouse | $581.69 | $157.43 |
| | Retiree/Medicare Family | $813.91 | $389.65 |

**Dependent Information for family members to be covered by the Medical Plan elected above:**

| | Full Name - Circle if Medicare Eligible | Sex | Social Security # | Date of Birth |
|---|---|---|---|---|
| Spouse | | | | |
| Child | | | | |
| Child | | | | |

**Complete another form to add more dependents.** ****** Note: Spouse is the person to whom you are legally married.***

*****If a Non-Medicare Retiree has a Medicare eligible dependent to be covered, the Medicare eligible dependent will be enrolled in the Blue Cross Medicare Supplement Plan under his/her own ID # and will receive his/her own ID card.**

***Retiree: Please review this form and sign/date at the bottom of this form:***

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  Date

## 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 Services 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 Service Center within 31 days of the event.
The retiree verifies the information on this form is accruate 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 Employees 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*