SUBMITTING A NEW RETIREMENT APPLICATION

In order to enroll in ADOA - Benefit Options retiree benefits, please fill out the 2016 Benefit Options Enrollment Form- Retiree.
If you are Medicare eligible and you are enrolling in medical coverage, the Medicare GenerationRx (Employer PDP) Form is also required along with a copy of your Medicare card or a letter of entitlement from Medicare.

ELIGIBLE RETIREES

The following persons are eligible to participate in the Arizona Benefit Options program:

A. Retirees receiving a pension under a state-sponsored retirement plan and continuing enrollment in the retiree health and/or dental plan.

B. Long-Term Disability (LTD) participants collecting benefits under a state-sponsored plan.

C. Eligible former elected officials and their qualified dependents if the elected official has at least 5 years of credited service in the Elected Officials Retirement Plan; was covered under a group health or accident plan at the time of leaving office; served as an elected official on or after January 1, 1983; and applies for enrollment within 31 days of leaving office or retiring.

D. Surviving spouses and qualified dependents provided they were covered at the time of the retiree's death.

E. Surviving spouses of former elected officials provided they were covered at the time of the official's death.

F. Surviving spouses of Active members who are eligible to retire provided they were covered at the time of death.

SUBMITTING A CHANGE REQUEST

Requested benefit changes must be submitted in writing to ADOA Benefit Services Division within 31 calendar days of the event.

EFFECTIVE DATE OF THE CHANGE

The effective date for benefit changes resulting from birth, adoption, or placement for adoption is the date of the event.
The effective date for benefit changes based on all other QLEs is the first day of the next calendar month, following the date the retiree submits the requested change, in writing, to ADOA Benefit Services Division.
Please consult with ADOA Benefit Services Division to determine whether or not the life event you are experiencing qualifies under the regulations.

ELIGIBLE DEPENDENTS

A. Your legal spouse

B. Your child defined as:

- a. Your natural, adopted and/or stepchild who is under 26 years old;
- b. A person under the age of 26 for whom you have court-ordered guardianship;
- c. Your foster children under the age of 26;
- d. A child placed in your home by court order pending adoption;
- e. Your natural, adopted and/or stepchild;
  - i. Who was disabled as defined by 42 U.S.C. 1382c before the age of 26;
  - ii. Who continues to be disabled as defined by 42 U.S.C. 1382c;
  - iii. Who is dependent for support and maintenance upon you;
  - iv. For whom you had custody before the child was 26.

DEPENDENT DOCUMENTATION REQUIREMENTS

If your dependent child is approaching age 26 and has a disability, application for continuation of dependent status must be made within 31 days of the child's 26th birthday. You will need to provide verification that your dependent child has a qualifying permanent disability, that occurred prior to his or her 26th birthday, in accordance with 42 U.S.C. 1382c.

If you are enrolling a dependent whose last name is different from your own, the dependent's coverage will not be processed until supporting documentation such as a marriage license for a spouse or a birth certificate or court order for a dependent, is provided to the Benefit Services Division.

RETURN TO WORK RETIREES

Former retired State employees returning to Active State Employment can receive health benefits through the Benefit Options Health Plan. If a retiree returns to work and meets the eligibility guidelines, they can elect to enroll in Active benefits and decline retiree benefits. Leaving state service is considered a Qualified Life Event (QLE). The QLE then allows them to enroll in retiree benefits again.

2016 Benefit Options Retiree/LTD Enrollment Form

Effective Date: _____

Arizona Department of Administration
Benefit Options
Benefit Services Division

REQUIRED

INSURED INFORMATION

If you decline or cancel both medical and dental coverages you will NOT be able to re-enroll with ADOA in the future. If you choose to keep medical or dental coverage through ADOA, you may elect medical and/or dental coverages during future Open Enrollment periods.

Insured Information	Name- Last	First	MI		
	EIN or SSN	Sex ☐M ☐F	Date of Birth	☐ Married ☐ Single	Medicare? ☐Yes ☐No
Address	Street	City	State	Zip	
Contact Information	Home Phone	Cell Phone	Email	County	

Retirement Information	Name of Agency / University retired from	Last day worked	Retirement Date	Retirement System: ☐ ASRS (ZA) ☐ PSPRS, CORP, EORP (ZP) ☐ OPTIONAL (ZT)
Survivor Information	Name of Deceased Employee or Retiree			Date of Death

REQUIRED

Select all that apply:

- ☐ New Retiree
- ☐ Adding Dependent(s)
- ☐ Address Change
- ☐ Terminate Coverage
- ☐ Qualified Life Event
- ☐ Surviving Spouse
- ☐ New LTD Participant
- ☐ Dropping Dependent(s)

Qualifying Life Event **Date of Event:____/_____/_____**

- ☐ Marriage
- ☐ Birth/Adoption
- ☐ Divorce/Legal Separation
- ☐ Change in Dependent Eligibility Status
- ☐ Gain/Loss of Other Coverage
- ☐ Death of spouse/dependent
- ☐ Moved out of plan's service area

SPOUSE/DEPENDENT INFORMATION

For Changes Only	LAST NAME, FIRST NAME, MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP CODE Spouse = S Child = C Guardian = G Placed For Adoption = P Stepchild = T	MEDICARE A= Part A B= Part B C= Parts A & B D= Unknown E= None	MEDICAL (M) DENTAL (D) VISION (V)
☐ Add ☐Drop				☐ M ☐ F			☐ M ☐ D ☐ V
☐ Add ☐Drop				☐ M ☐ F			☐ M ☐ D ☐ V
☐ Add ☐Drop				☐ M ☐ F			☐ M ☐ D ☐ V
☐ Add ☐Drop				☐ M ☐ F			☐ M ☐ D ☐ V
☐ Add ☐Drop				☐ M ☐ F			☐ M ☐ D ☐ V

Vision Plan - Monthly Premiums Amount *(Only Available if Medical and/or Dental Coverage is Selected)*

Action	Provider	Coverage Level
□ Enroll □ Decline □ No Change	□ Avesis Vision Coverage	☐ Retiree Only ($3.99) ☐ Retiree + One ($12.94) ☐ Retiree + Child ($12.76) ☐ Retiree & Family ($16.10)

Dental Plan - Monthly Premiums Amount

Action	Provider	Coverage Level
□ Enroll □ Decline □ No Change	□ Total Dental Administrators	☐ Retiree Only ($8.99) ☐ Retiree + One ($17.98) ☐ Retiree + Child ($17.51) ☐ Retiree & Family ($26.97)
□ Enroll □ Decline □ No Change	□ Delta Dental PPO Plus Premier	☐ Retiree Only ($35.94) ☐ Retiree + One ($75.63) ☐ Retiree + Child ($60.48) ☐ Retiree & Family ($118.26)

Medical Plan - Monthly Premiums Amount ***(NON-MEDICARE)***			
Action	Plan Type	Provider	Coverage Level
□ Enroll □ Decline □ No Change	□ EPO	□ Cigna □ United HealthCare □ BCBS AZ □ Aetna	☐ Retiree Only ($593.00) ☐ Retiree + One ($1,387.00) ☐ Retiree & Family ($1,869.00)
□ Enroll □ Decline □ No Change	□ PPO	□ United HealthCare □ BCBS AZ □ Aetna	☐ Retiree Only ($825.00) ☐ Retiree + One ($2,009) ☐ Retiree & Family ($2,197)
□ Enroll □ Decline □ No Change	□ PPO - **NAU ONLY**	□ BCBS AZ	☐ Retiree Only ($726.41) ☐ Retiree + One ($1,452.80) ☐ Retiree & Family ($2,033.95)

For Members with Medicare electing medical - You are required to complete the 2016 Group Part D Prescription Drug Enrollment Form

□ I Have Medicare Part A	□ I Have Medicare Part B

□ ACCEPT MEDICAL AND PHARMACY COVERAGE - Medicare becomes primary for medical coverage and includes Medicare Part D prescription drug coverage. I understand that if I lose my prescription drug coverage, I will also lose my medical coverage.

□ DECLINE MEDICAL AND PHARMACY COVERAGE

Medical Plan - Monthly Premiums Amount ***(MEDICARE)***			
Action	Plan Type	Provider	Coverage Level
□ Enroll □ Decline □ No Change	□ EPO	□ Cigna □ United HealthCare □ BCBS AZ □ Aetna	☐ Retiree Only ($442.00) ☐ Retiree + One: Both with Medicare ($878.00) ☐ Retiree + One: One with Medicare, the other without ($1,024.00) ☐ Retiree & Family with Medicare ($1,166.00)
□ Enroll □ Decline □ No Change	□ PPO	□ United HealthCare □ BCBS AZ □ Aetna	☐ Retiree Only ($789.00) ☐ Retiree + One: Both with Medicare ($1576.00) ☐ Retiree + One: One with Medicare, the other without ($1,740.00) ☐ Retiree & Family with Medicare ($1,980.00)
□ Enroll □ Decline □ No Change	□ PPO **NAU ONLY**	□ BCBS AZ	☐ Retiree Only ($591.37) ☐ Retiree + One: Both with Medicare ($1,183.04) ☐ Retiree + One: One with Medicare, the other without ($1,317.78) ☐ Retiree & Family with Medicare ($1,625.77)

1. If you are eligible for Medicare, your medical coverage will include prescription drug coverage in a Medicare Part D plan with additional coverage provided by the State of Arizona.

2. If you are enrolled in another Medicare prescription drug plan or individual Medicare Advantage plan – with or without prescription drug coverage – you will be disenrolled from that coverage. If you enroll in these plans after you are enrolled in the State of Arizona's plan, you will be disenrolled from the State of Arizona plan.

3. If you are disenrolled or otherwise leave the State of Arizona medical or prescription drug plan, you will lose both your medical and prescription drug coverage.

I hereby certify, under penalty of perjury, that the information provided in this application for health benefits is correct and true. I am aware that providing false information - including that which is related to my address, spouse, or dependent(s) - may subject me to denial of health benefits, disciplinary action, and prosecution pursuant to ARS 13-2310, 13-2311, 13-2407, 13-2702 and other applicable laws. I hereby acknowledge, I have received the Summary of Benefits and Coverage Documents as part of The Affordable Care Act (ACA).

Member Signature: _____ Date: _____

Dependent/Spouse Signature: _____ Date: _____

Return form to: ADOA, Benefit Services Division, 100 N. 15th Ave., Suite 260 Phoenix, AZ 85007 or fax: 602-542-4744 or email to: benefitsissues@azdoa.gov.

Arizona Department of Administration
Benefit Options
Benefit Services Division