



STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD ENROLLMENT FORM 2009

- NEW RETIREE NEW LTD PARTICIPANT ADDRESS CHANGE
 QUALIFIED LIFE EVENT TERMINATE INSURANCE OPEN ENROLLMENT

- RETIRED DISABLED
 SURVIVING SPOUSE

Retirement System

- ASRS (ZA) PSPRS, CORP, EORP (ZP) OPTIONAL (ZT)

EFFECTIVE DATE:	DECEASED MEMBERS NAME:	DECEASED DATE:
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MEMBER IDENTIFICATION

LAST NAME, FIRST NAME, M.I.	EMPLOYEE EIN or SSN	<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED	DATE OF BIRTH
		<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE	
STREET ADDRESS		COUNTY OF RESIDENCE		CITY, STATE, ZIP CODE
LAST DAY WORKED	RETIRED DATE	MEDICARE YES or NO	HOME PHONE NUMBER ()	AGENCY

Are you enrolling a Domestic Partner? Yes or No

Are you enrolling an Older Child(ren) that is neither a full-time student nor a disabled dependent? (circle one) Yes or No

To qualify a Domestic Partner, you will need to complete and submit the DOMESTIC PARTNER AFFIDAVIT FORM (this form must be notarized). This form can be found on the benefit options website at www.benefitoptions.az.gov. To qualify as an Older Child (ages 19 to 25 and neither a full-time student nor a disabled dependent), the Older Child must have been covered on an ADOA plan at the age of 18 years old (see the Open Enrollment Guide for qualifications of an Older Child).

Effective January 1, 2009, all Retired State employees will be required to provide social security numbers (SSNs) for their active dependents.

A new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third party administrators, and plan administrators or fiduciaries of self-insured/self-administered group health plans to report, as directed by the Secretary of the Department of Health and Human Services, information that the Secretary requires for purposes of coordination of benefits. The law also imposes this same requirement on liability insurers (including self-insurers), no-fault insurers and workers' compensation laws or plans. Two key elements that will be required to be reported are SSNs or Health Insurance Claim Number (HICNs) and employee identification numbers (EINs). In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both the SSN or HICN and the EIN, as applicable.

DEPENDENTS MUST BE LISTED FOR FAMILY COVERAGE

LAST NAME, FIRST NAME, MIDDLE INITIAL	DATE OF BIRTH <i>(Required)</i>	RELATIONSHIP CODE S=Spouse D=Domestic Partner C=Child G=Guardian P=Placed for adoption T=Stepchild	MEDICARE A=Medicare A B=Medicare B C=Medicare A & B D=Medicare Unknown E=No Medicare	SOCIAL SECURITY NUMBER <i>(Required)</i>	MALE OR FEMALE M OR F	PACIFICARE/DENTIST PCP ID REQUIRED	FULL TIME STUDENT Y OR N	DISABLED Y OR N	ADD OR DELETE A OR D
MEMBER:									
SPOUSE OR DOMESTIC PARTNER:									

A new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third party administrators, and plan administrators or fiduciaries of self-insured/self-administered group health plans to report, as directed by the Secretary of the Department of Health and Human Services, information that the Secretary requires for purposes of coordination of benefits. The law also imposes this same requirement on liability insurers (including self-insurers), no-fault insurers and workers' compensation laws or plans. Two key elements that will be required to be reported are SSNs or Health Insurance Claim Number (HICNs) and employee identification numbers (EINs). In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both the SSN or HICN and the EIN, as applicable.

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**VISION PLAN SELECTION - CAN ONLY RENEW IF YOU ARE CURRENTLY ON THE VISION PLAN
ONLY AVAILABLE IF MEDICAL AND/OR DENTAL COVERAGE IS SELECTED**

I DECLINE VISION COVERAGE

Select A Plan	Retiree Only	Retiree & Dependent(s)
Avesis	<input type="checkbox"/> \$8.96	<input type="checkbox"/> \$18.82

DENTAL PLAN SELECTION

I DECLINE DENTAL COVERAGE

Select A Plan	Retiree Only	Retiree + One	Retiree & Family
Delta Dental	<input type="checkbox"/> \$32.98	<input type="checkbox"/> \$74.01	<input type="checkbox"/> \$125.29
Total Dental Administrators	<input type="checkbox"/> \$9.96	<input type="checkbox"/> \$18.92	<input type="checkbox"/> \$27.70

MEMBER WITHOUT MEDICARE

MEDICAL COVERAGE - MARK APPROPRIATE BOX

I DECLINE MEDICAL COVERAGE

Select A Plan	Retiree Only	Retiree + One	Retiree & Family
MARICOPA, GILA, PINAL, PIMA, SANTA CRUZ COUNTIES			
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$488.00	<input type="checkbox"/> \$1141.00	<input type="checkbox"/> \$1537.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$488.00	<input type="checkbox"/> \$1141.00	<input type="checkbox"/> \$1537.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$1825.00	<input type="checkbox"/> \$2529.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$1825.00	<input type="checkbox"/> \$2529.00
ALL OTHER COUNTIES			
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$488.00	<input type="checkbox"/> \$1141.00	<input type="checkbox"/> \$1537.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$1825.00	<input type="checkbox"/> \$2529.00
OUT OF STATE			
Beech Street PPO	<input type="checkbox"/> \$832.00	<input type="checkbox"/> \$1957.00	<input type="checkbox"/> \$2649.00
NAU Only - Available in ALL Regions			
Blue Cross/Blue Shield of AZ PPO	<input type="checkbox"/> \$570.12	<input type="checkbox"/> \$1140.24	<input type="checkbox"/> \$1596.34

**STATE OF ARIZONA BENEFIT OPTIONS
RETIREE/LTD ENROLLMENT FORM 2009**

MEMBER WITH MEDICARE A and/or B

I HAVE MEDICARE PART A

I HAVE MEDICARE PART B - ATTACH COPY OF
MEDICARE CARD

I DECLINE MEDICAL COVERAGE

Monthly Premium Amounts	Retiree Only with Medicare	Retiree + ONE both with Medicare	Retiree + ONE: One with Medicare, the other without	Retiree + ONE with Medicare; other Dependents without
MARICOPA and PINAL COUNTY				
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$512.00	<input type="checkbox"/> \$738.00	<input type="checkbox"/> \$863.00
Secure Horizons Low	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$296.00	<input type="checkbox"/> \$573.00	<input type="checkbox"/> \$605.00
GILA COUNTY				
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
COCHISE, COCONINO, GRAHAM, GREENLEE, LA PAZ, YAVAPAI, YUMA				
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$386.00	<input type="checkbox"/> \$767.00	<input type="checkbox"/> \$866.00	<input type="checkbox"/> \$1033.00
Secure Horizons Low	<input type="checkbox"/> \$223.00	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$676.00
APACHE, MOHAVE, NAVAJO				
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
PIMA COUNTY				
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$512.00	<input type="checkbox"/> \$738.00	<input type="checkbox"/> \$863.00
Secure Horizons Low	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$296.00	<input type="checkbox"/> \$573.00	<input type="checkbox"/> \$605.00
SANTA CRUZ COUNTY				
RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$386.00	<input type="checkbox"/> \$767.00	<input type="checkbox"/> \$866.00	<input type="checkbox"/> \$1033.00
Secure Horizons Low	<input type="checkbox"/> \$223.00	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$676.00
OUT-OF-STATE				
Beech Street PPO	<input type="checkbox"/> \$658.00	<input type="checkbox"/> \$1312.00	<input type="checkbox"/> \$1483.00	<input type="checkbox"/> \$1716.00
NAU Only - Available in ALL Regions				
Blue Cross/Blue Shield PPO	<input type="checkbox"/> \$510.55	<input type="checkbox"/> \$1021.36	<input type="checkbox"/> \$1080.93	<input type="checkbox"/> \$1379.41

I hereby certify that 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 may subject me to a denial of health benefits, including false address, spouse, or dependent information, may subject me to disciplinary action, and potential prosecution pursuant to ARS Section 13-2310, 13-2311, 13-2407, 13-2702, and other applicable provisions of the law.

SIGNATURE: _____ DATE: _____

Return form to: ADOA Benefit Office, 100 N. 15th Ave., Suite 103, Phoenix, AZ 85007