



RETIREE ENROLLMENT FORM

Name: _____ Employee #: _____

Date of Birth: ___/___/___ Gender: Male Female SSN #: ___-___-___

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: ___-___-___

Medicare #: _____ Medicare B Effective Date: ___/___/___

I wish to opt out of coverage (Retiree Opt-Out)

MEDICAL PLANS

NON-MEDICARE PLANS - MEDICAL, VISION, PRESCRIPTION DRUGS

CareFirst BlueChoice Advantage PPO/Davis Vision Single Family

CareFirst BlueChoice HMO/Davis Vision Single Family

Kaiser Permanente HMO/NVA Vision Single Family

***MEDICARE PLANS WITH MEDICAL, VISION, PRESCRIPTION DRUGS**

(MUST BE ENROLLED IN MEDICARE PARTS A AND B AND PROVIDE A COPY OF MEDICARE CARD)

CareFirst BlueChoice Advantage PPO/ Single
 Davis Vision Family + 1 (One Person Enrolled In Medicare)
 Family + 2 (Two People Enrolled In Medicare)

CareFirst BlueChoice HMO/ Single
 Davis Vision Family + 1 (One Person Enrolled In Medicare)
 Family + 2 (Two People Enrolled In Medicare)

***MEDICARE ADVANTAGE PLANS WITH PART D**

(SEPARATE APPLICATION REQUIRED; MUST BE ENROLLED IN MEDICARE PARTS A AND B AND PROVIDE A COPY OF MEDICARE CARD)

Kaiser Medicare Advantage Plan/ Single
 NVA Vision Family + 1 (One Person Enrolled In Medicare)
 Family + 2 (Two People Enrolled In Medicare)

(Additional plans on page 2)

CareFirst Medicare Advantage Plan
(MAPD)/Davis Vision

Single
 Two Party Coverage (Both 65+)

CareFirst Medicare Advantage Plan
(MAPD)/Davis Vision with
CareFirst BlueChoice HMO

Family + 1 (One Person Enrolled In Medicare)
 Family + 2 (Two People Enrolled In Medicare)

CareFirst Medicare Advantage Plan
(MAPD)/Davis Vision with
CareFirst BlueChoice Advantage PPO

Family + 1 (One Person Enrolled In Medicare)
 Family + 2 (Two People Enrolled In Medicare)

DENTAL PLANS

CareFirst Dental PPO Single Family
 CareFirst Dental PPO with Orthodontics Single Family
 CIGNA Dental DHMO Single Family

ADD/REMOVE DEPENDENTS

Spouse's Name (Last, First, Middle): _____

Date of Birth: ___/___/___ SSN #: ___-___-___ Gender: Male Female

Add Remove

Child's Name (Last, First, Middle): _____

Date of Birth: ___/___/___ SSN #: ___-___-___ Gender: Male Female

Add Remove

Child's Name (Last, First, Middle): _____

Date of Birth: ___/___/___ SSN #: ___-___-___ Gender: Male Female

Add Remove

Child's Name (Last, First, Middle): _____

Date of Birth: ___/___/___ SSN #: ___-___-___ Gender: Male Female

Add Remove

Signature: _____ Date: ___/___/___