

2022 Benefits Enrollment/Change Form for Retirees

Retiree or Surviving Spouse/Partner Information — Please print or type				
Last Name	First Name	M.I.	Social Security Number	
Street Address			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (Month/Day/Year)
City	State	Zip	Phone	Email

Reason for Change

Changes during the year must be made within 30 days of a qualifying change in family or life status (see options below). * No other changes are permitted outside of the annual Open Enrollment period.

DATE CHANGE OCCURRED: TO BE COMPLETED BY HR: DATE BENEFITS TO BECOME EFFECTIVE: <input type="checkbox"/> On the date of the change <input type="checkbox"/> 1 st of the month after change	<input type="checkbox"/> Open Enrollment/Newly Retired <input type="checkbox"/> Death of spouse/domestic partner <input type="checkbox"/> Divorce <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic partner relationship established <input type="checkbox"/> Domestic partner relationship terminated <input type="checkbox"/> Commencement of spouse's/domestic partner's coverage under another plan	<input type="checkbox"/> Termination of spouse's/domestic partner's coverage under another plan <input type="checkbox"/> Moving away from the area <input type="checkbox"/> Other (subject to approval): <hr/> <hr/> <hr/>
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* Documentation is required to verify the life/status event change. Contact the Office of Human Resources at 412-268-2047 to learn more about the supporting documentation that must be submitted or completed.

Medical Election
(Note: You must complete the separate carrier enrollment form to be enrolled.)

I elect the following medical plan: <input type="checkbox"/> UPMC for Life HMO Group Number MC0144 <input type="checkbox"/> Aetna Medicare Advantage PPO <input type="checkbox"/> Highmark Security Blue HMO Group Number 58426-60/58426-70 <input type="checkbox"/> Highmark Retiree Major Medical and CVS/Caremark Supplemental Prescription Drug Coverage Major Medical Group Number 50387-02 CVS/Caremark Group Number 5806-001 <input type="checkbox"/> Waive Medical/Prescription coverage through Carnegie Mellon	I elect the following level of coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Retiree and Spouse/Domestic Partner (See dependent information on page 2) Retiree Service: <input type="checkbox"/> Retiree with less than 15 years of service <input type="checkbox"/> Retiree with 15 or more years of service
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Dependent Information

Complete if covering spouse/domestic partner.

Date of Birth (mm/dd/yyyy)	Last Name	First Name	MI
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Activity: <input type="checkbox"/> Add to Medical <input type="checkbox"/> Delete from Medical	

Retired Employee Signature

I agree to comply with all provisions and procedures that govern administration of the Benefit Plans for Carnegie Mellon. I understand the university will make the necessary adjustment to my costs based on these changes/elections.

Signature_____
Date_____
Spouse/Domestic Partner Signature_____
Date

Return to: Carnegie Mellon University Office of Human Resources, 5000 Forbes Avenue, Pittsburgh, PA 15213.

Questions? 412-268-2047