

2023 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.

<p>DATE CHANGE OCCURRED:</p> <p>_____</p> <p>TO BE COMPLETED BY HR:</p> <p>DATE BENEFITS TO BECOME EFFECTIVE:</p> <p><input type="checkbox"/> On the date of the change</p> <p><input type="checkbox"/> 1st of the month after change</p>	<p><input type="checkbox"/> Open Enrollment/Newly Retired</p> <p><input type="checkbox"/> Death of spouse/domestic partner</p> <p><input type="checkbox"/> Divorce</p> <p><input type="checkbox"/> Marriage</p> <p><input type="checkbox"/> Domestic partner relationship established</p> <p><input type="checkbox"/> Domestic partner relationship terminated</p> <p><input type="checkbox"/> Commencement of spouse's/domestic partner's coverage under another plan</p>	<p><input type="checkbox"/> Termination of spouse's/domestic partner's coverage under another plan</p> <p><input type="checkbox"/> Moving away from the area</p> <p><input type="checkbox"/> Other (subject to approval):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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.)

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