Carnegie Mellon University
Human Resources

2026 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: ❑ M ❑ 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:

1/1/2026

_____

TO BE COMPLETED BY HR:

DATE BENEFITS TO BECOME EFFECTIVE:

☑ On the date of the change

❑ 1st of the month after change

- ❑ Open Enrollment/Newly Retired
- ❑ Death of spouse/domestic partner
- ❑ Divorce
- ❑ Marriage
- ❑ Domestic partner relationship established
- ❑ Domestic partner relationship terminated
- ❑ Commencement of spouse's/domestic partner's coverage under another plan
- ❑ Termination of spouse's/domestic partner's coverage under another plan
- ❑ Moving away from the area
- ❑ Other (subject to approval):

_____

_____

_____

˟ 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:

- ❑ **UPMC for Life HMO**
  Group Number MC0144
- ❑ **UPMC National Complementary Plan with Rx**
- ❑ **Aetna Medicare Advantage PPO**
- ❑ **Highmark Security Blue HMO**
  Group Number 58426-60/58426-70
- ❑ **Highmark Retiree Major Medical and CVS/Caremark Supplemental Prescription Drug Coverage**
  Major Medical Group Number 50387-02
  CVS/Caremark Group Number 5806-001
- ❑ **Waive Medical/Prescription coverage through Carnegie Mellon**

I elect the following level of coverage:

- ❑ Individual
- ❑ Retiree and Spouse/Domestic Partner
  (See dependent information on page 2)

Retiree Service:

- ❑ Retiree with less than 15 years of service
- ❑ Retiree with 15 or more years of service

Additional information required on next page

Dependent Information

Complete if covering spouse/domestic partner.

Date of Birth (mm/dd/yyyy)	Last Name	First Name	MI

Sex	Social Security Number	Activity:
❑ M ❑ F		❑ Add to Medical ❑ 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? 412-268-4600