Carnegie Mellon University
Human Resources

2027 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:

_____

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