RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

INSTRUCTIONS: Elect your desired coverage level. If you are choosing to drop all coverage, elect "no coverage". If you are updating your coverage level due to a change in Medicare eligibility and status, elect your desired plan and coverage level, select "yes" next to the applicable Medicare coverage box for yourself and/or spouse **and** include the effective Medicare date. Retiree = RE.

Full Name		**Social Security**	
DOB (dd/mm/yyyy)	**Gender**	**Phone**	
Address	**City**	**ST**	**ZIP**

PLAN TYPE & COVERAGE LEVEL

The City of Sparks offers three plan options, PPO 200, PPO 400 and a High-Deductible Health Plan (HDHP). Retirees should review the benefit information guide for specific plan coverage details. Retirees are responsible for electing whichever plan and coverage level works for them.	**PPO 200 RE Only** ☐	**PPO 200 RE + Spouse** ☐	**PPO 200 RE + Child(ren)** ☐	**PPO 200 RE + Family** ☐
	PPO 400 RE Only ☐	**PPO 400 RE + Spouse** ☐	**PPO 400 RE + Child(ren)** ☐	**PPO 400 RE + Family** ☐
	HDHP RE Only ☐	**HDHP RE + Spouse** ☐	**HDHP RE + Child(ren)** ☐	**HDHP RE + Family** ☐
				No Coverage ☐

RETIREE MEDICARE COVERAGE (if applicable)	**Yes** ☐	**Effective Date of Medicare Coverage:**
SPOUSE MEDICARE COVERAGE (if applicable)	**Yes** ☐	**Effective Date of Medicare Coverage:**

DEPENDENT CHILD(REN) and/or SPOUSE: Birth certificate and social security information are required when adding dependent child(ren); a valid marriage certificate and social security information are required when adding a spouse.

Add/Drop	Name	SS#	DOB	Gender	Dependent Type: Child/Spouse
Address/Phone if different from Employee:					
Add/Drop	**Name**	**SS#**	**DOB**	**Gender**	
Address/Phone if different from Employee:					
Add/Drop	**Name**	**SS#**	**DOB**	**Gender**	
Address/Phone if different from Employee:					
Add/Drop	**Name**	**SS#**	**DOB**	**Gender**	
Address/Phone if different from Employee:					

PREMIUMS – Retirees are responsible for paying 100% of the monthly premium. Premiums may be paid by PERS deduction, utilization of Sick Leave Conversion (if/when applicable), or by self-pay. If payment is not received as agreed upon, coverage will be terminated effective the first day of the month in which payment is not received.
☐ PERS Deduction
☐ SICK LEAVE CONVERSION BENEFIT – FROZEN BALANCE TO BE UTILIZED (IF APPLICABLE)
☐ OTHER - SELF-PAY

Monthly premiums are subject to change. The City will provide notice of revised premium amounts.
Per the City of Sparks Group Health Plans, retirees are required to enroll in Medicare Part A & B when they become eligible. When this occurs, Medicare will become the primary payer, and the City of Sparks insurance will pay as secondary. It is the retiree's responsibility to notify Human Resources when Medicare enrollment is completed. If the retiree retains health insurance other than Medicare or a City of Sparks Group Health Plan, it is also the retiree's responsibility to notify Human Resources and to coordinate with the Third-Party Administrator (TPA) for coordination of benefits.

☐ **ACCEPT**: "I Accept" and hereby request coverage under the above selected City of Sparks Group Health Plan and authorize the City of Sparks to make the necessary deductions for any contribution or certify that I will self-pay. I certify that the foregoing statements are true and correct to the best of my knowledge. I authorize any hospital, physician or other persons who have attended to me or my dependent(s) to disclose all information with respect to any illness, injury or medical history to the claim's payer, utilization review, and/or case management company. A photocopy of this authorization shall be considered effective and valid as the original.

☐ I understand that changes for myself, spouse, or dependent(s) may be made during an open enrollment period for an effective date of January 1; or due to a qualifying life event.

☐ I understand that the City of Sparks Group Health Summary Plan Document related to the plan I selected above determines eligibility and enrollment, and that I will be required to meet enrollment eligibility requirements in all applicable governing documents, to enroll and maintain coverage. I further understand that regardless of the plan option and coverage I elect, the City of Sparks will not be making any employer contributions on my behalf, to any HSA, HRA or FSA account as I am not eligible for employer sponsored contributions as a retiree.

Retiree Signature	Date
HR Representative Signature	Date

HUMAN RESOURCES SECTION - ADMINISTRATIVE USE ONLY			
NEW ENROLLMENT OR CHANGE EFFECTIVE DATE:			
NEW ENROLLMENT / CHANGE REASON	OPEN ENROLLMENT ☐ QUALIFYING LIFE EVENT (QLE) ☐ NRS 287.0205 Enrollment ☐		
QLE REASON:	CERTIFICATE TYPE BC ☐ MC ☐ DC ☐ COURT ORD ☐		RQD CERTS RCVD? Y / N N/A
OLD COVERAGE RE RS RC RF	NEW COVERAGE RE RS RC RF	PYROL CHANGE Y N	AGRESSO/SCAN ☐