Pinellas County Retiree Group Insurance Enrollment Form

Complete this form if you are enrolling in retiree benefits when your active employee benefits end. The deadline to submit this enrollment form to Employee Benefits is 31 days after your last day of active employment. This is your only opportunity to enroll in these benefit plans.

PERSONAL INFORMATION				
Last Name	First Name		Middle Initial	Home Phone
Mailing Address			Apt. Number	Cell Phone
City	State		ZIP	Social Security Number
Email				Retiree Number

PLAN COVERAGE

MEDICAL PLAN	*Medical Coverage Level*	*DENTAL PLAN*	*Dental Coverage Level*
☐ Open Access Plus (OAP)	☐ Retiree	☐ HMO Dental	☐ Retiree
☐ Choice Fund Plus HSA	☐ Retiree + Spouse	☐ PPO Basic Dental	☐ Retiree + 1
☐ Medicare Advantage	☐ Retiree + Child(ren)	☐ PPO Dental with Orthodontia	☐ Retiree + 2 or more
Medicare eligible individual(s): _____	☐ Family	☐ Decline Dental	

☐ Decline Medical

ADD DEPENDENTS TO COVERAGE								
Medical	Dental	Last Name	First Name	MI	Relationship	Gender M	Gender F	Date of Birth	Social Security Number
☐	☐					○	○		
☐	☐					○	○		
☐	☐					○	○		
☐	☐					○	○		

RETIREE LIFE INSURANCE Minimum $5,000; Maximum not to exceed 1X annual salary or $100,000, whichever is less.

Original Amount **Beneficiary/Beneficiaries Name(s)** **Relationship** **Address (if known)**

$_____ (Primary) _____

Reduced Amount (Contingent) _____
(if over age 65)

$_____ ☐ Decline Life Insurance

The information provided above is true and correct to the best of my knowledge. I understand and accept the provisions on the reverse side of this form. I understand that if I cancel my coverage, I will not be able to re-enroll in the plan.

Signature Date Signed

Please do not complete below this line: HR USE ONLY

Coverage Effective Date	Premium Effective Date	Service Years	LDW	Other

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DOCUMENTATION REQUIREMENTS FOR COVERAGE CHANGES

After initial enrollment in the plan, changes are permitted during Pinellas County's Annual Enrollment period or during the plan year if you experience certain change of status events as shown below. This form and any required supporting documentation must be received by Employee Benefits no later than 31 days after the status event. The information on this page is a summary. Please refer to the group plan description for detailed information.

- **Change in Legal Marital Status**
  Copy of marriage license, divorce decree or death certificate.
- **Change in the Number of Dependents** (including birth, adoption or placement for adoption, or death of a dependent).
  Copy of birth certificate, death certificate, court order of legal custody, or other documentation.
- **Change in Employment Status** (resulting in gain or loss of eligibility for coverage for a spouse or dependent).
  Copy of COBRA or HIPAA notice or letter from employer stating date eligibility and/or coverage will begin/cease.
- **Dependent Satisfies (or Ceases to Satisfy) Dependent Eligibility Requirements.**
  Written documentation may be required including, but not limited to, certifications of financial dependency, proof of student status, court orders or other legal documents.
- **Change in Residence** (Outside of Network Area). Must result in an individual gaining or losing eligibility.
  Written documentation must be provided.
- **Other**
  Explain and provide supporting documentation.

DEPENDENT ELIGIBILITY

Dependent refers to the retiree's legal spouse, domestic partner, or a dependent child of the retiree or the retiree's spouse. The term child includes any of the following:

- Natural child
- Stepchild
- Legally adopted child
- Foster child
- Child placed for adoption
- Child for whom legal guardianship has been awarded to the Retiree or the Retiree's spouse

To be eligible for coverage under the policy, a dependent must reside within the United States. The definition of dependent is subject to the following conditions and limitations:

ELIGIBILITY FOR CHILDREN	
Dependent Children are Eligible for Coverage	**Through the End of the Calendar Year in Which They Reach Age**
Dental Plan	25
Medical Plan	26

- The retiree must reimburse Pinellas County for any benefits that we pay for a child at a time when the child did not satisfy these conditions.
- A dependent also includes a child for whom medical care coverage is required through a Qualified Medical Child Support Order or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a Qualified Medical Child Support Order.
- A dependent does not include anyone who is also enrolled as an employee or retiree.
- No one can be a dependent of more than one employee or retiree.

Submit completed and signed form by mail, fax, or email to:

Human Resources Employee Benefits
400 South Fort Harrison Avenue, First Floor, Clearwater, FL 33756
Phone: (727) 464-3367, option 1 | eFax: (727) 453-3573
Email: employee.benefits@pinellas.gov

(Please do not email forms that include Social Security numbers; use mail or fax instead)

Human Resources
Helping U Succeed