



RETIREMENT SYSTEM **OPERS** **TRS** **OLERS** **PATHFINDER** **OTHER**

My member status will be Retiree Vested Non-vested Defer (See instructions on page 3.)

For defer only: Spouse's Social Security number or member ID number _____

Cancel my deferment and reinstate my retiree/vested/non-vested insurance coverage.

MEMBER INFORMATION

SSN or member ID _____ Member's birth date _____ Gender Male Female

Member's name _____ Employer _____
First M.I. Last

Mailing address _____
Street City State ZIP code

Phone _____ Alt. phone _____ Email _____

Last date of employee insurance coverage	Mo.	Day	Yr.

Vested/non-vested insurance effective date	Mo.	Day	Yr.
		0 1	

Retirement Insurance effective date	Mo.	Day	Yr.
		0 1	

MEMBER HEALTH PLAN **Add/keep** **Drop** **Defer**

Health plan name _____ Check if Medicare-eligible*

Primary physician (HMO only) _____ Current patient New patient

* If you and/or your dependents are eligible for Medicare, an additional application must be completed. Please contact EGID Member Services to request an application.

MEMBER DENTAL PLAN **Add/keep** **Drop** **Defer**

Dental plan name _____

Primary dentist (Prepaid only) _____
 Current patient New patient

For EGID Use Only

MEMBER VISION PLAN **Add/keep** **Drop** **Defer**

Vision plan name _____

MEMBER LIFE INSURANCE

You can keep a minimum of \$5,000 up to the total amount of your current life insurance. You cannot enroll in more life insurance than you currently have. You must keep life insurance on yourself to be able to keep life insurance on your dependents. You cannot increase life insurance after this election. Life insurance **cannot be deferred** and must be carried as a primary retiree/vested member.

I elect to keep \$ _____ (\$5,000 to \$40,000 in \$5,000 units) of member life insurance at a flat rate per \$1,000 of coverage.

I elect to keep \$ _____ (amount above \$40,000 in \$5,000 units) of additional life insurance.

DEPENDENT INFORMATION

NOTE: If you and/or your dependents are eligible for Medicare, an additional application must be completed. Please contact EGID Member Services to request an application. You cannot add dependent life if you do not already have it. The dependent life amount must be the same for each child, though the amount for your spouse can be different.

SPOUSE

Name _____ Check if Medicare-eligible.
Add/keep Drop SSN _____ Date of birth _____ Male Female
Health Primary physician (HMO only) _____ New patient Current patient
Dental Primary dentist (Prepaid only) _____ New patient Current patient
Vision
Dep. life I elect to keep \$ _____ (in \$500 units) of dependent life insurance.

Does your spouse currently have coverage through OMES EGID? Yes No
(If yes, list name and Social Security number above.)

CHILD

Name _____ Check if Medicare-eligible.
Add/keep Drop SSN _____ Date of birth _____ Male Female
Health Primary physician (HMO only) _____ New patient Current patient
Dental Primary dentist (Prepaid only) _____ New patient Current patient
Vision
Dep. life I elect to keep \$ _____ (in \$500 units) of dependent life insurance.

CERTIFICATION SIGNATURES

- I authorize EGID to deduct the amount of my premiums from my retirement check according to Administrative Rule 260:50-3-5. (You must verify with your retirement system that your retirement check will cover your premiums.)
- I request EGID direct bill me for my monthly premiums at the mailing address on this form.

Spouse must sign if **being excluded from health, dental and/or vision** or if they are a **common-law spouse**.

- Spouse exclusion certification: I certify that I am aware I am being **excluded from health, dental and/or vision coverage** as indicated on this form. I am also aware that I cannot be added to coverage at a later date except within 30 days of the loss of other coverage. (Required only if children are covered and spouse is not.)
- Common-law spouse certification: I certify the person listed as my spouse and I have an actual and mutual agreement between ourselves to be married; that this is a permanent relationship; that our relationship is exclusive, as proven by our cohabitation as spouses; and that we do hereby hold ourselves out publicly as married. I am aware this relationship **can be dissolved only by legal divorce**.

Spouse signature _____ Date _____

I understand that no coverage, except vision, can be added at a later date.

Member signature _____ Date _____

Retirement information can be found at oklahoma.gov/omes.

You can carry health, dental, vision and life insurance on yourself and your dependents.

The health, dental and life coverage you take into retiree/vested/non-vested status is the only coverage you can have with EGID through your retirement years. If you do not keep coverage now, you cannot add it later. Plan changes can be made during the annual Option Period.

If you are insuring one dependent, you must insure all eligible dependents (for any given coverage) unless they are covered by other insurance or Indian or military benefits. Children who have Indian or military benefits or other insurance may be required to show proof of coverage.

Following your retirement, dependents can be added only within 30 days of one of the following events: birth, adoption or guardianship, marriage or loss of other group insurance.

DEFER INSTRUCTIONS: If your spouse has separate coverage through EGID at the time you terminate employment, you can transfer your individual health, dental and/or vision coverage to dependent coverage under your spouse's coverage. Your spouse must contact their employer to add you as a dependent. You must elect to transfer coverage within 30 days of your termination of employment. Any 30-day break in coverage voids your eligibility to keep coverage in the future. Life insurance cannot be deferred and must be carried as a primary retiree/vested/non-vested member. When you are ready to return to retiree/vested/non-vested status, you must again complete this form and mark the box on Page 1 of your form to cancel your deferment.

THINGS TO CONSIDER AS A RETIREE WHEN YOU BECOME MEDICARE-ELIGIBLE

IMPORTANT: If you are under age 65 and eligible for Medicare, you must notify EGID and provide your Medicare number as it appears on your Medicare card. Medicare supplement coverage is effective the date you become eligible for Medicare or the first day of the month following notification of your Medicare eligibility, whichever is later.

When you turn age 65, you have the option to enroll in either a Medicare supplement with prescription drug plan or a Medicare Advantage prescription drug plan.

BCBSOK-BlueSecure and all MAPD plans offered through EGID require you to have both Medicare Part A and Medicare Part B.

If you are eligible and do not enroll in Medicare Part B, there are two Medicare supplement plans available to you: HealthChoice SilverScript High Option Medicare Supplement Plan and HealthChoice SilverScript Low Option Medicare Supplement Plan. All medical benefits under these plans are paid as if you are enrolled in both Medicare Part A and Part B. If you are not enrolled in Medicare Part B, your plan will estimate Medicare's benefits and provide supplemental coverage as if Medicare is the primary carrier. This means HealthChoice pays secondary and you are responsible for the primary share of the claim.

For information concerning HMO, MAPD, Medicare supplement, dental or vision plans, contact their customer service numbers.

For information regarding enrollment, or to obtain an application for a Medicare supplement plan or MAPD plan, call 405-717-8780 or toll-free 800-752-9475 or TTY 711 or contact:

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