



**Retiree
Plan Change Enrollment
Oct. 1 - Oct. 31, 2016**

- Office Use Only -

Approved by: _____ Date: _____

Effective Date: _____

This is a mandatory Plan Change period. This means if you are currently enrolled in PEBB Retiree medical or dental coverage, you must actively elect your enrollment for 2017, even if you want the same enrollments that you had in 2016.

- You can complete your enrollment online at https://pebbbenefits.oha.oregon.gov/bms_web!/pb.main or complete this form. Send completed form to BenefitHelp Solutions.
- If you are enrolled in dental coverage only, you do not need to complete enrollment.
- Retirees do not enroll in the PEBB Health Engagement Model (HEM).

Complete Sections 1 through 5 and sign and date section 6

1. Contact Information You must complete all fields. (Please Print)		PEBB Benefit Number (P#####)		
Last Name	First Name	M	Agency	Gender <input type="checkbox"/> M <input type="checkbox"/> F
PEBB and the plans in which you enroll will send all benefit-related correspondence to your contact address.				
Contact Address <input type="checkbox"/>	Check if New Address	Apt #	City	State Zip
Residence Zip Code	Work Zip Code	Work Email	Personal Email (optional)	
Date of Birth (mm/dd/yyyy)	Work Phone	Home Phone (Optional)		
Are you Medicare Eligible?	<input type="checkbox"/> No <input type="checkbox"/> Yes	This will affect your enrollment.		
Are you serving or did you ever serve in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you authorize PEBB to send your name and address to Oregon Department of Veteran's affairs (ODVA) for the purpose of receiving benefit information? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic Non-Latino	<input type="checkbox"/> Unknown	<input type="checkbox"/> Refuse
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Refuse <input type="checkbox"/> Other
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

2. Family Coverage List all eligible family members you currently have covered and want to continue coverage in 2017. Retirees are not eligible to add dependents during the plan change period. Retirees may add eligible family members to coverage only if a qualifying midyear change event occurs. Coverage for an adult child who will be 27 in 2017 is not available. PEBB automatically ends coverage for all children who are 26 in the current plan year on Dec. 31st you do not need to do anything. **Relationship Key:** **SP**=Spouse, **DP**=Domestic Partner, **CH**=Employee and/or Spouse's child, **DP CH**=Domestic Partner's Child, **AFF CH**=Child by Affidavit, **AFF GCH**=Grandchild by Affidavit

Last Name	First Name	M	Birth Date mm/dd/yyyy	Relationship	Gender		Enroll		
					M	F	Med	Den	Vision
Spouse/Domestic Partner					<input type="checkbox"/>				

Address: Complete only if different than Address in Section 1

Is This Dependent Medicare Eligible? No Yes This will affect enrollment.

Ethnicity: Hispanic Non-Hispanic Non-Latino Unknown Refuse

Race: Asian White Unknown Refuse Other
 Black/African American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

Last Name	First Name	M	Birth Date mm/dd/yyyy	Relationship	Gender		Enroll		
					M	F	Med	Den	Vision
Child					<input type="checkbox"/>				

Address: Complete only if different than Address in Section 1

Is This Dependent Medicare Eligible? No Yes This will affect enrollment.

Ethnicity: Hispanic Non-Hispanic Non-Latino Unknown Refuse

Race: Asian White Unknown Refuse Other
 Black/African American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

Last Name	First Name	M	Birth Date mm/dd/yyyy	Relationship	Gender		Enroll		
					M	F	Med	Den	Vision
Child					<input type="checkbox"/>				

Address: Complete only if different than Address in Section

Is This Dependent Medicare Eligible? No Yes This will affect enrollment.

Ethnicity: Hispanic Non-Hispanic Non-Latino Unknown Refuse

Race: Asian White Unknown Refuse Other
 Black/African American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

3. Medical and Dental Plans (Core Benefits)

Medical Plans: Some plans have specific service areas and may not be available to you, be sure to review plan availability for your area.

- You may enroll in a full time plan or a part time plan.
- The plan change period does not allow a retiree to add coverage not already in place. If you did not initially enroll in either a medical or a dental insurance plan you cannot add the plan during plan change enrollment.

Medical: Check one box below for your 2017 medical plan

Dental: Check one box below for your 2017 dental plan

	Full Time	Part Time		Full Time	Part Time
AllCare PEBB	<input type="checkbox"/>	<input type="checkbox"/>	Kaiser Permanente	<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Deductible (Kaiser vision in full time only)	<input type="checkbox"/>	<input type="checkbox"/>	MODA Premier	<input type="checkbox"/>	<input type="checkbox"/>
Kaiser HMO (Kaiser Vision in full time only)	<input type="checkbox"/>	<input type="checkbox"/>	MODA PPO	<input type="checkbox"/>	N/A
Moda Summit	<input type="checkbox"/>	<input type="checkbox"/>	Willamette Dental	<input type="checkbox"/>	N/A
Moda Synergy	<input type="checkbox"/>	<input type="checkbox"/>			
PEBB Statewide PPO	<input type="checkbox"/>	<input type="checkbox"/>			
Providence Choice	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/> Decline Dental Plan Enrollment		

4. Vision Plan: Vision Service Plan (VSP) is a stand-alone plan. Enrollment in a medical plan is not required to enroll in vision. The full time Kaiser HMO and the full time Kaiser Deductible medical plans include Kaiser vision, and are not eligible for VSP enrollment.

Enroll VSP Basic Plan –	<input type="checkbox"/>	VSP Basic and VSP Plus information at: www.oregon.gov/oha/pebb/benefits/vision.pdf
Enroll VSP Plus - Includes the Basic Plan and more	<input type="checkbox"/>	
I Decline all VSP Enrollment	<input type="checkbox"/>	

4. Other Spousal/Partner Employer Group Coverage If you enroll in Medical and do not complete Section 4 a surcharge (\$50.00) will be added to your monthly premium cost.

When your spouse or domestic partner is enrolled in your PEBB medical coverage and has access to medical coverage through their employer's sponsored group plan (i.e., a non-Oregon-state-agency employer) but does not enroll for it, the following amount will be added to your monthly premium for 2017 PEBB coverage: \$50.00

Check one box:

- My spouse/domestic partner has PEBB coverage as an eligible employee (Includes Opt Out). (\$-0-)
- My spouse/domestic partner has other employer group coverage available and enrolls for that coverage. (\$-0-)
- My spouse/domestic partner has other-employer group coverage available, waives that coverage and is enrolled in PEBB coverage. (\$50)
- My spouse/domestic partner does not have other-employer group coverage available.(\$-0-)
- I do not cover a spouse or domestic partner in a PEBB medical plan. (\$-0-)
- I do not enroll in PEBB retiree medical plans.

5. Tobacco Use If you enroll in Medical and do not complete Section 5 a tobacco surcharge (\$25.00 per retiree and \$25.00 for spouse/partner enrolled in medical) will be added to your monthly premium cost.

When you or your spouse/domestic partner currently uses tobacco, \$25 per tobacco user will be added to your monthly premium for the 2017 plan year. If both you and your spouse/domestic partner currently don't use tobacco you will not have a charge.

Check one box:

- I currently use tobacco and, my spouse/domestic partner currently does not use tobacco. (\$25)
- I currently do not use tobacco, and my spouse/domestic partner currently uses tobacco.(\$25)
- Both my spouse/domestic partner and I currently use tobacco.(\$50)
- Both my spouse/domestic partner and I currently do not use tobacco.(\$-0-)
- I currently use tobacco and do not have a spouse/domestic partner covered in PEBB. (\$25)
- I currently do not use tobacco and do not have a spouse/domestic partner covered in PEBB. (\$-0-)
- I do not enroll in PEBB medical plans.
- My My spouse's or domestic partners' provider advised not to quit using tobacco (Medical Waiver). (\$-0-)

6. Retiree Signature and Authorization

I declare that the individuals listed on the enrollment form and I are eligible for the coverage requested. I understand the benefit elections made on this application are in effect for as long as I continue to meet PEBB's eligibility requirements, or until I elect to change them subject to the provisions of PEBB's plan. I have read the benefit materials and I understand the limitations and qualifications of the PEBB benefits program. If necessary, I authorize premium payments deducted from my pay.

I understand that:

- A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines.
- Knowingly making a false statement may subject me to termination of enrollment, denial of future enrollment, or civil damages.

I also understand that if I fail to report on this enrollment form a change that made an enrolled family member ineligible, PEBB may consider my omission an intentional misrepresentation of a fact material to my enrollment. In that case, PEBB may terminate the family member's coverage retroactively, pursuant to PEBB rules.

This form supersedes all forms and submissions I previously made for PEBB coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for false claims.

Retiree Signature

Date

Submit Complete form by Oct. 31, 2016 to: **BenefitHelp Solutions**
PO Box 40548
Portland, OR 97240

Portland: 503-765-3581
Toll Free: 1-800-556-3137
Fax: 503-765-3453 or 1-888-393-2943

Keep a copy of your benefit forms for your records.
Any alteration of this form may result in it being ineffective.