

2019-2020 PRE-65 RETIREE OPEN ENROLLMENT INSTRUCTIONS & FORM PLEASE READ CAREFULLY!

The 2019-2020 Pre-65 Retiree Open Enrollment is ONLY for retirees and their covered dependents who are under the age of 65 and are currently enrolled in UNM's medical and dental plans. For those Pre-65 retirees that are carrying 65+ dependents, be advised that the next Open Enrollment period for their coverage changes will be in Fall of 2019.

All Open Enrollment change forms must be completed by the retiree, signed, dated, include all retiree and dependent information, current address, phone number, and email address, if applicable.

All required forms must be submitted (or post-marked) to the UNM Human Resources division by 5:00 p.m. on Friday, May 24, 2019 in order for changes to be effective July 1, 2019. Late or incomplete forms will not be processed.

In addition, please follow the instructions below, depending on what type of change you would like to make to your coverage:

IF YOU ARE NOT ENROLLED IN MEDICAL OR DENTAL BENEFITS OR DO NOT WANT TO MAKE CHANGES TO YOUR CURRENT PLAN(S):

No Action is required.

IF YOU ARE ENROLLED IN A MEDICAL OR DENTAL PLAN AND WANT TO CHANGE TO A DIFFERENT PLAN:

1. Select CHANGE EXISTING MEDICAL/DENTAL PLAN and indicate which medical or dental plan you are electing.
2. If you have dependents on your current medical/dental plan and want to enroll them in the plan you are changing to, complete the Enrollees/Dependent information section of the enrollment change form with their information and include "Action" and "Mark Type of Coverage" for each enrollee (dependent).
3. Sign, date, and submit the 2019-2020 Open Enrollment Change Form to the HR Service Center by 5pm on May 24, 2019.

IMPORTANT NOTE: Beginning July 1, pre-65 retirees enrolled in Blue Cross Blue Shield (BCBS) and UNM Team Health (UNMTH) will be automatically enrolled in a new plan called UNM LoboHEALTH that combines the BCBS and UNMTH plans into one Plan. The Presbyterian Health Plan will remain the same.

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IF YOU ARE CANCELLING YOUR MEDICAL OR DENTAL PLAN*:

1. Select CANCEL EXISTING MEDICAL PLAN or CANCEL EXISTING DENTAL PLAN (or both, if applicable).
2. Sign, date, and submit the 2019-2020 Open Enrollment Change Form to the HR Service Center by 5pm May 24, 2019.

***IMPORTANT NOTE: If you cancel retiree medical and/or dental coverage, you may **NOT** enroll at a later time. Additionally, if you, as the retiree, cancel your coverage and you are covering a dependent, their coverage will be cancelled as well, regardless of their age.**

IF YOU ARE ADDING A DEPENDENT TO YOUR MEDICAL OR DENTAL PLAN:

1. Select ADD DEPENDENT(S).
2. Select the appropriate plan under UNM MEDICAL PLAN SELECTION and/or DENTAL PLAN SELECTION.
3. Complete the Enrollees/Dependent information section of the Open Enrollment Change Form to include "Action" and "Mark Type of Coverage" for each enrollee (dependent).

PLEASE NOTE: Dependents *MUST* enroll in the same plan as the pre-65 RETIREE.

4. Submit the 2019-2020 Open Enrollment Change Form (signed and dated) to the HR Service Center by 5pm May 24, 2019.

If you are adding dependents to Medical coverage, you will be required to submit proof documents to Alight Solutions' Dependent Eligibility Verification Center to validate eligibility for coverage. Social Security Numbers (SSN) will also be requested in order to meet Affordable Care Act/IRS reporting requirements. You will receive a letter from Alight Solutions at a later date, with instructions on how and where to submit documents and SSNs. Failure to submit proof documents may result in cancellation of dependent coverage, and you may be required to repay the total cost of healthcare plan paid claims.

IF YOU ARE DROPPING A DEPENDENT FROM YOUR MEDICAL OR DENTAL PLAN:

1. Select CANCEL DEPENDENT(S).
2. Select the appropriate plan under MEDICAL PLAN SELECTION AND/OR DENTAL PLAN SELECTION.
3. Complete the Enrollees/Dependent information section of the 2019 Open Enrollment Change Form and include "Action" and "Mark Type of Coverage" for each dependent.
4. Sign, date, and submit the 2019 Open Enrollment Change Form to the HR Service Center by 5pm May 24, 2019.

**2019-2020
PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM**

(If no changes to current elections, do not complete)

OPEN ENROLLMENT: Wednesday May 08 through Friday, May 24, 2019

***This form and all required documents must be submitted to the HR Service Center by
no later than 5:00pm on May 24, 2019***

Retiree Information

Name (Last, First, MI)	Date of Birth / /	UNM Banner ID
Mailing Address _____ _____ _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Phone Number (PRIMARY) (____) _____ Current Email Address _____	

<input type="checkbox"/> CHANGE EXISTING MEDICAL/DENTAL PLAN (including currently enrolled dependents) ➤ Select Medical/Dental Plan below ➤ Complete Dependent information below <small>NOTE: Retirees and dependents must be on the same plan</small>	<input type="checkbox"/> CANCEL* EXISTING MEDICAL PLAN <input type="checkbox"/> CANCEL * EXISTING DENTAL PLAN <i>* Cannot enroll at a later time.</i>	<input type="checkbox"/> ADD DEPENDENT(S) ➤ List dependent information below	<input type="checkbox"/> CANCEL DEPENDENT(S) ➤ List dependent information below
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UNM Medical Plan Selection (IF CHANGING PLANS)	UNM Dental Plan Selection (IF CHANGING PLANS)
<input type="checkbox"/> LoboHEALTH <input type="checkbox"/> Presbyterian Health Plan	<input type="checkbox"/> Delta Dental Premier (High) <input type="checkbox"/> Delta Dental PPO (Low)

Enrollees/ Dependents	Name (Last, First, MI)	DOB	Gender M / F	Action: (Add or Remove)	Mark Type of Coverage for each Enrollee
Spouse				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Domestic Partner (DP)				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental

-- This two-page Form will not be accepted unless both pages are completed --

**2019-2020
PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM
(CONTINUED)**

Retiree Certification

If you knowingly make a false statement on your Enrollment Application, or file a false claim, such application or claim may be retroactively rescinded to the date of the application or claim. Any premiums collected from the Participant for coverage that is later revoked due to a fraudulent application may be refunded to the Participant by the Plan. If a claim is paid by the Plan and it is later determined that the claim should not have been paid due to a fraudulent application or claim, the Participant may be responsible for full reimbursement of the claim amount to UNM.

I understand and accept that if I fail to pay my account the University may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on percentage, at a maximum of 40% of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary of the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit reporting bureaus.

I understand that my signature authorizes the University of New Mexico to make any necessary deductions from my pay through payroll deduction.

I understand that my signature authorizes the University of New Mexico to make the above changes effective July 1, 2019.

Signature _____ Date: _____

***Please submit this completed form to UNM Human Resources no later than 5:00pm on May 24, 2019.
Late or incomplete enrollment forms will not be processed.***

UNM Human Resources is located in the HR Service Center on the East End of the John and June Perovich Center on the corner of Lomas and University Blvd.

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