

# UNM RETIREE MEDICAL & DENTAL BENEFITS Change Form

## HR Benefits USE ONLY

Effective Date: \_\_\_\_\_  
 Benefits Rep Initials \_\_\_\_\_  
 Downloaded Form on (Date) \_\_\_\_\_  
 Or, Paper Form received on: \_\_\_\_\_

### Retiree Information (Please print information clearly)

Name (Last, First, MI)	Date of Birth	UNM ID
		Medicare Part A & B Number (if age 65+)
Home Address		
Day Time Phone	Email Address	Date of Retirement
		Is your spouse a UNM Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Type of Action – Check the type of action being requested (See reverse for allowable changes)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Add Dependent (spouse/domestic partner or child) | <input type="checkbox"/> Cancel Dependent (spouse/domestic partner or child) | <input type="checkbox"/> Cancel Retiree* (& any covered dependent coverage)* |
|---|--|--|

**\*CANNOT ENROLL AT A LATER DATE**

### Medical Insurance - Retiree and/or Dependent is 65 or Over

Check coverage being selected OR being retained by dependent.

Medicare Advantage Plans:

- Humana PPO
- Aetna PPO ESA
- BCBS HMO Plan I (Enhanced)
- BCBS HMO Plan II (Standard)
- Presbyterian HMO-POS Premier Plan
- Presbyterian HMO-POS Select Plan

Medicare Supplement Plans:

- AARP UnitedHealthcare Medicare Supplement Plan  
 F       G       N  
 ... AND
- AARP MedicareRx Prescription Drug Plan (PDP)  
     Preferred      Saver

**IMPORTANT:** Must enroll in **both** an AARP Medicare Supplement Plan **AND** an AARP MedicareRx PDP

- Coverage for Retiree Only
- Coverage for Retiree and Spouse/Domestic Partner
- Coverage for 65+ Spouse/Domestic Partner Only \*\*

### Medical Insurance – Retiree and/or Dependents are under Age 65

Check coverage being selected OR being retained by under 65 dependent(s).

- UNM LoboHEALTH
- Presbyterian Health

- 
- Coverage for Retiree Only
  - Coverage for Retiree and spouse/domestic partner
  - Coverage for Retiree, spouse/domestic partner, and child(ren)
  - Coverage Only for spouse/domestic partner \*\*
  - Coverage Only for Child(ren) \*\*
  - Coverage for spouse/domestic partner and child(ren) \*\*

\*\* Benefits-eligible Retiree must be enrolled in UNM-sponsored retiree medical plan in order to enroll dependents.

### Dental Insurance

#### Delta Dental Premier® (High)

- Retiree Only
- Double (Retiree + 1)
- Family (Retiree + 2 or more)

#### Delta Dental PPO<sup>SM</sup> (Low)

- Retiree Only
- Double (Retiree + 1)
- Family (Retiree + 2 or more)

Continued on page 2.....

**\*\*\* UNM Retiree must sign and date Page 2 of this Form or benefit changes will not be processed \*\*\***

## UNM RETIREE MEDICAL & DENTAL BENEFITS Change Form - CONT'D

.....continued from page 1

Identify all Dependents being enrolled/covered under plan selected <b>OR</b> identify only those dependents being added or removed if making a change.						
Name (Last, First, MI)	DOB	Medicare ID	Gender	Action (Add or Remove)	Mark Type of Coverage for each Enrollee	
Self				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Spouse/Domestic Partner				<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
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Retiree Certification						
<p>I have read the descriptive literature outlining my selected health plan and I hereby apply on my behalf and on behalf of person(s) listed on this form for participation in said plan. I understand and accept that covered services will only be provided by the specific health care providers and institutions participating in or authorized by the carrier. I authorize my employer to bill me for the retiree's (or widow/er) contribution to the premium under the contract. I authorize my carrier to obtain information from providers of services to me and any spouse, domestic partner or dependents listed above, necessary for administration of my contract with my carrier. I further authorize my carrier to provide these records, as required, to any parties that are financially responsible for paying for the care rendered. Any person who knowingly presents a false statement or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. I understand that falsification of any information on this form may be grounds for cancellation of coverage.</p> <p>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.</p>						
Signature _____				Date: _____		

\*\*\* UNM Retiree must sign and date Page 2 of this Form or benefit changes will not be processed \*\*\*

SEE PAGE 3 FOR ADDITIONAL INFORMATION

## Post-Retirement Benefits Changes Allowed

**Adding Dependents** – A retiree may add a spouse/domestic partner or eligible children within 60 calendar days of a Qualifying Life Event or during Open Enrollment or (see *Open Enrollment* and *Qualifying Life Event* below).

- Retirees under the age of 65 and eligible dependents under the age of 65 **must** be enrolled under the same UNM Pre-65 Medical and Dental Plans.
- Medicare-eligible retirees and their eligible Medicare-eligible dependents **must** be enrolled under the same UNM Medicare Advantage plan, or both must be enrolled in an AARP Medicare Supplement plan (with Rx).
- Pre-65 retirees with Medicare-eligible dependents or Medicare-eligible retirees with pre-65 dependents will be enrolled in “split plans”.

Retirees and their eligible dependents **must** be enrolled under the same UNM Dental plan.

**Removing Dependents** – A retiree may remove dependents from coverage within 60 calendar days of a Qualifying Life Event or during Open Enrollment or (see *Open Enrollment* and *Qualifying Life Event* below).

**Cancelling Retiree Coverage** – A retiree may cancel their coverage but will not be able to enroll at any time in the future. ***This is an irrevocable decision.***

**Open Enrollment Period** – A retiree may cancel or add dependents during the annual Open Enrollment period. Retiree **cannot** enroll in coverage that was not held at time of retirement.

**Qualifying Life Event** – A retiree may add a spouse upon marriage but must do so within 60 calendar days of marriage. A Domestic Partner can be added upon satisfactorily meeting the criteria established under UNM Policy 3790. An eligible dependent child can be added upon birth or legal adoption/guardianship but must be added within 60 calendar days of event. ***Election changes are effective the 1<sup>st</sup> of the month after the Change Form is received and approved by the Benefits Department.***

## Cost of Coverage

### Cost of Coverage –

For information on cost of coverage premiums, please go to the Human Resources website at [hr.unm.edu](http://hr.unm.edu) and go to “Benefits”, and “Retiree Benefits”.

## Enrollment in Senior Plans

- Retiree and/or eligible spouse or domestic partner must enroll in a UNM senior plan when he/she attains age 65, unless disabled. This should be coordinated in advance of turning 65 to ensure all applicable actions have taken place prior to reaching age 65.
- Retiree and Spouse/Domestic Partner must both be enrolled under the same senior plan.

## Payment of Premiums

- Retiree will be billed for his/her portion of the premium each month.
- Billing Statements will be mailed to retiree’s address approximately the middle of each month and will be due by the 15<sup>th</sup> of the following month. The payment made will be for the prior month (the month statement was issued).
- Retiree can set up an automatic debit payment from their bank account in lieu of having to mail payments each month. Contact UNM Bursars Office at (505) 277-5363 for more information on setting up automatic debits.

*Note: If you are enrolled in a UNM AARP Medicare Supplement and AARP Medicare Rx plan, you will be billed separately by AARP for your portion of the premium and must make payment directly to AARP. You will receive coupon payment books.*

## Return your completed Form to:

### UNM Benefits & Employee Wellness

- **FAX** (505)-277-2278
- **MAIL:** UNM Benefits & Employee Wellness  
MSC 01 1220, Suite 1400  
1700 Lomas Blvd. NE, Albuquerque, NM 87131
- **ELECTRONICALLY:** UPLOAD this form and any other required documentation electronically to the Benefits Secure Document Upload portal at <https://hr.unm.edu/secure-upload>

## Questions – Who to Contact

Contact UNM Benefits & Employee Wellness at [hrbenefits@unm.edu](mailto:hrbenefits@unm.edu) to speak to a Benefits Representative.