2016-2017 PRE-65 RETIREE OPEN ENROLLMENT INSTRUCTIONS - PLEASE READ CAREFULLY!
The 2016-2017 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 2016.

All Open Enrollment change forms must be completed by the retiree, signed, 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 20, 2016 in order for changes to be effective July 1, 2016. No late or incomplete forms will be processed. No Action is required.

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 DEPENDENT INFORMATION section of the enrollment change form with their information.
3. Sign, date, and submit the 2016-2017 Open Enrollment Change Form to the HR Service Center by May 20, 2016.

**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 2016-2017 Open Enrollment Change Form to the HR Service Center by May 20, 2016.

*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 DEPENDENT INFORMATION section of the open enrollment change form.

**PLEASE NOTE: Dependents MUST enroll in the same plan as the pre-65 retiree.**
4. Submit the 2016-2017 Open Enrollment Change Form (signed and dated) to the HR Service Center by May 20, 2016.

If you are adding dependents to Medical coverage, you will be required to submit proof documents to Aon Hewitt’s 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 for individuals covered in 2016. You will receive a letter from Aon, at a later date, with instructions on how and where to submit documents and SSNs. Failure to submit proof documents will 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 DEPENDENT INFORMATION section of the 2016 open enrollment change form.
4. Sign, date, and submit the 2016 Open Enrollment Change Form to the HR Service Center by May 20, 2016.
**2016-2017 PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM**
*(If no changes to current elections, do not complete)*
This form and all required documents must be submitted to HR by no later than 5:00pm on May 20, 2016

### Retiree Information

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Date of Birth / /</th>
<th>UNM Banner ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Gender</td>
<td>Marital Status</td>
</tr>
<tr>
<td></td>
<td>Male/Female</td>
<td>Married/Single</td>
</tr>
<tr>
<td></td>
<td>Phone Number (PRIMARY)</td>
<td>I have a Domestic Partner</td>
</tr>
<tr>
<td></td>
<td>Current Email Address</td>
<td></td>
</tr>
</tbody>
</table>

### Type of Action

- **CHANGE EXISTING MEDICAL/DENTAL PLAN** *(including currently enrolled dependents)*
  - Select Medical/Dental Plan below
  - Complete Dependent information below
- **CANCEL* EXISTING MEDICAL PLAN**
- **CANCEL* EXISTING DENTAL PLAN**
  - *Cannot enroll at a later time.
- **ADD DEPENDENT(S)**
  - List dependent information below
- **CANCEL DEPENDENT(S)**
  - List dependent information below

### UNM Medical Plan Selection (IF CHANGING PLANS)

- Blue Cross Blue Shield Plan
- Presbyterian Health Plan
- UNM Health Plan

### UNM Dental Plan Selection (IF CHANGING PLANS)

- Delta Dental Premier (High)
- Delta Dental PPO (Low)

### Enrollees/Dependents

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>DOB</th>
<th>Gender M/F</th>
<th>Action: (Add or Remove)</th>
<th>Mark Type of Coverage for each Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td>Medical/Dental</td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td>Add/Remove</td>
<td>Medical/Dental</td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td>Add/Remove</td>
<td>Medical/Dental</td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td>Add/Remove</td>
<td>Medical/Dental</td>
</tr>
<tr>
<td>Domestic Partner (DP)</td>
<td></td>
<td></td>
<td>Add/Remove</td>
<td>Medical/Dental</td>
</tr>
<tr>
<td>DP Child</td>
<td></td>
<td></td>
<td>Add/Remove</td>
<td>Medical/Dental</td>
</tr>
</tbody>
</table>

### Retiree Certification

I understand that my signature authorizes the University of New Mexico to make the above changes effective July 1, 2016.

Signature __________________________ Date: __________

Please submit this completed form to UNM Human Resources by 5:00pm on May 20, 2016. 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.

UNM HR Division, MSC 01 1220, Suite 1400
One University of New Mexico
1700 Lomas Blvd NE, Albuquerque, NM 87131
Office Hours: Monday thru Friday, 8:00 am – 5:00pm
Phone Number: (505)277-6947 (myHR)
Fax Number: (505) 277-2278