UNM 2016 65+ Retiree Open Enrollment is ONLY for retirees and/or their covered dependents who have enrolled in and are covered by Medicare part A and part B. For Age 65+ Medicare-eligible retirees with Pre-65 dependents, be advised the next Open Enrollment period for pre-65 coverage changes will be April-May, 2016. **NOTE: Retirees or dependents who will not be 65 or Medicare-eligible as of January 1, 2016 are NOT eligible to enroll in Retiree Medical & Dental plans nor make coverage changes during October 14 – November 3, 2015 65+ Open Enrollment.**

All 2016 Medicare Open Enrollment Change Forms must be completed and signed BY THE RETIREE, including retiree’s information, current address, phone number, and current email address. **IMPORTANT: All required 65+ Medicare Open Enrollment forms must be submitted to UNM HR Service Center by 5:00 pm on or before November 3rd, 2015 for changes to be effective January 1, 2016. No late or incomplete forms will be processed.**

To enroll, follow the instructions below based upon the change(s) you wish to make to your coverage:

**IF YOU ARE NOT MAKING CHANGES TO YOUR CURRENT MEDICAL OR DENTAL COVERAGE:**

*No action is required.* Your coverage will continue and will only be updated for changes in premium as outlined on Page 2 and Page 41 of the enclosed 2016 UNM Age 65+ Medicare and Dental Open Enrollment Guide.

**IF YOU ARE CANCELLING MEDICAL OR DENTAL COVERAGE FOR YOURSELF:**

1. Select **CANCEL COVERAGE** and indicate which coverage (medical or dental) you are cancelling.
2. Sign, date, and submit a Medicare Open Enrollment Change form to HR Service Center by November 3, 2015.

*PLEASE NOTE: If you, as the retiree, cancel your coverage and are also covering a dependent, their coverage will be cancelled as well, regardless of your dependent’s age.*

**IF YOU ARE ADDING A MEDICARE-ELIGIBLE DEPENDENT TO YOUR MEDICAL OR DENTAL COVERAGE:**

1. Select **ADD/DROP DEPENDENT COVERAGE**, then select **ADD DEPENDENT COVERAGE**.
2. Select the appropriate plan under **MEDICAL PLAN ELECTION** AND/OR **DENTAL PLAN ELECTION**.
3. Complete the **DEPENDENT INFORMATION** section of the Medicare Open Enrollment Change Form.
4. If adding a dependent to your medical coverage, bring a photocopy of **their Medicare card** showing part B coverage to the HR Service Center and request enrollment forms for the vendor(s) they are selecting.

*PLEASE NOTE: Dependents MUST enroll in the same plan(s) as the RETIREE, if the retiree is also enrolled.*
5. Submit a Medicare Open Enrollment Change Form (signed and dated), completed vendor enrollment form(s) (completed by your dependent), and a copy of your dependent’s Medicare card to UNM HR Service Center by November 3, 2015. (See HR Service Center address on Page 1 of the Guide – **hand delivery is preferred**)

**IF YOU ARE DROPPING A MEDICARE-ELIGIBLE DEPENDENT FROM YOUR MEDICAL OR DENTAL COVERAGE:**

1. Select **ADD/DROP DEPENDENT COVERAGE**, then select **DROP DEPENDENT COVERAGE**.
2. Select the appropriate plan under **MEDICAL PLAN ELECTION** AND/OR **DENTAL PLAN ELECTION**.
3. Complete the **DEPENDENT INFORMATION** section of the Medicare Open Enrollment Change Form.
4. Sign, date, and submit an Open Enrollment Change Form to HR Service Center by November 3, 2015. (See HR Service Center address on Page 1 of the enclosed Enrollment Guide – **hand delivery is preferred**)

**IF YOU ARE CHANGING YOUR MEDICAL AND/OR DENTAL COVERAGE TO A DIFFERENT UNM RETIREE PLAN:**

1. Select **CHANGE PLAN-MEDICAL** and/or **CHANGE PLAN-DENTAL**, then indicate which **NEW coverage** you are enrolling in under the **MEDICAL PLAN ELECTION** and/or **DENTAL PLAN ELECTION** section(s) of the change form.
2. If changing **MEDICAL** coverage, bring a photocopy of **your and/or your dependent’s Medicare card** showing part B coverage to the HR Service Center. Request vendor enrollment form(s). If changing to AARP plans, follow the AARP Enrollment instructions on page 35 and complete the AARP Authorization Form on page 36 of the Enrollment Guide.
3. Submit the salmon-colored **2016 MEDICARE OPEN ENROLLMENT CHANGE FORM**, the vendor’s enrollment form(s) (available at the HR Service Center) for the new coverage, and the AARP Authorization form (if applicable) to the HR Service Center by November 3, 2015.
# UNM Retiree Information

<table>
<thead>
<tr>
<th>UNM Retiree Name (Last, First, Middle Initial)</th>
<th>Date of Birth</th>
<th>Banner ID or SSN</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address, City, State, and Zip Code:</th>
<th>Primary Phone (With Area Code)</th>
<th>Secondary Phone (With Area Code)</th>
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<tbody>
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## Type of Action

- [ ] CHANGE PLAN - MEDICAL
  - (Vendor enrollment form(s) for new plan, along with copy of Medicare card showing part B coverage MUST be attached to this form)

- [ ] CHANGE PLAN - DENTAL
  - (SELECT NEW PLAN BELOW)

- [ ] CANCEL COVERAGE
  - [ ] CANCEL MEDICAL*
  - [ ] CANCEL DENTAL*
  - *Cancellation of coverage is an irrevocable decision. You will never be allowed to re-enroll in UNM plans at a future point.

- [ ] ADD/DROP DEPENDENT COVERAGE
  - [ ] ADD DEPENDENT COVERAGE
  - [ ] DROP DEPENDENT COVERAGE
  - (Dependent information MUST be completed below)

## MEDICAL PLAN ELECTION

- [ ] BlueCross BlueShield PPO Plan (New in 2016)
- [ ] Lovelace HMO Plan I (High)
- [ ] Presbyterian HMO-POS Premier Plan (High)
- [ ] AARP Medicare Supplement Plan "F" AND "Preferred" Rx *
  - *IMPORTANT: You must enroll in both the AARP Medicare Supplement Plan F AND AARP Preferred Rx Plan using the enclosed Authorization Form (see page 36 of the Enrollment Guide) to be eligible for the 30% UNM cost share contribution.

- [ ] Delta Dental Premier (High)
- [ ] Delta Dental Preferred (Low)

- [ ] Delta Dental annual benefit period is from July 1, 2015 thru June 30, 2016. If there is a rate increase for dental coverage, your July 1, 2016 Bursar’s statement will reflect the new premium.

- Note: Pre-65 Retirees (turning 65 after 12/31/15) with Age 65+ or Medicare eligible dependents will be able to make changes to dental coverage during the UNM Pre-65 Open Enrollment in April/May 2016.

## DENTAL PLAN ELECTION **

### DEPENDENT INFORMATION

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Name (Last, First, MI)</th>
<th>DOB</th>
<th>Gender M / F</th>
<th>Add or Remove</th>
<th>Coverage dependent is being added to or removed from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse or Domestic Partner</td>
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<tr>
<td>Eligible Child(ren)</td>
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### RETIREE Certification – Must be signed by the UNM Retiree

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

Signature __________________________ Date: __________________________

Please submit or mail this form to: UNM HR Division
MSC 01 1220, Suite 1400
One University of New Mexico
1700 Lomas Blvd. NE, Albuquerque, NM 87131
(505) 277-MyHR (6947)

UNM HR Service Center is located in the UNM John and June Perovich Business Center on the corner of Lomas and University Blvd.