UNM 2017 65+ Open Enrollment is ONLY for retirees over 65, eligible 65+ employees retiring and turning 65 before January 1, 2017, and their legal Medicare-eligible 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 in April and/or May, 2017. NOTE: Retirees or dependents who will not be 65 or Medicare-eligible as of January 1, 2017 are NOT eligible to enroll in 65+ Retiree Medical and Dental plans, nor eligible to make coverage changes during the October 19 – November 8, 2016 65+ Open Enrollment.

All 2017 UNM 65+ Open Enrollment forms must be completed, signed by the retiree, and include the retiree’s information including current address, phone number, and current email address. IMPORTANT: All required 2017 UNM 65+ Open Enrollment forms must be submitted to the UNM HR Service Center by 5:00 pm on or before Tuesday November 8, 2016 for changes to be effective January 1, 2017. Late or incomplete forms will NOT be processed. To enroll, follow the instructions below based upon the change(s) you wish to make to your and your dependent’s coverage.

IF YOU ARE NOT MAKING CHANGES TO YOUR CURRENT MEDICAL OR DENTAL COVERAGE:
No action is required. Your and your dependent’s coverage will continue and will only be updated for changes in premium(s) as outlined on Page 7 of the 2017 UNM 65+ Retiree Medical 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. (Note: You must contact AARP/United Health Care directly at 800-545-1797 to cancel your UNM AARP Medicare Supplement Plan F and (888) 867-5575 to cancel your UNM AARP Medicare Rx Preferred PDP plan.
2. Sign, date, and submit a 2017 UNM 65+ Medical and Dental Open Enrollment Change form to the HR Service Center by November 8, 2016. (See address and phone number on page 2 of this form)

*PLEASE NOTE: If you, as the retiree, cancel your coverage and you are also covering a dependent spouse, domestic partner, and/or child, 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 2017 UNM 65+ Open Enrollment Change Form (page 2).
4. If adding a dependent to your medical coverage, submit a copy of dependent’s Medicare card showing Part A and B coverage to the HR Service Center. Request enrollment forms for the vendor(s) you are selecting for them. PLEASE NOTE: Dependents MUST enroll in the same plan(s) as the Retiree, if the retiree is also enrolled.
5. Submit your 2017 UNM 65+ Open Enrollment Change Form (signed and dated), completed vendor enrollment form(s) (completed by dependent), and a copy of your dependent’s Medicare A & B card to the HR Service Center by November 8, 2016. (See the HR Service Center address on Page 2 – 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 2017 UNM 65+ Open Enrollment Change Form on page 2.
4. Sign, date, and submit your 2017 65+ Open Enrollment Change Form to HR Service Center by November 8, 2016. (See the HR Service Center address on Page 2 of this form – hand delivery is preferred.)

IF YOU ARE CHANGING YOUR MEDICAL AND/OR DENTAL COVERAGE TO A DIFFERENT UNM 65+ 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, submit a photocopy of your and/or your dependent’s Medicare card showing Parts A & B coverage to the HR Service Center. Request vendor enrollment form(s). If changing to AARP plans, follow the AARP Enrollment instructions on pages 42 and 43 of the Open Enrollment Guide, and complete the AARP Authorization Form on page 45 of the Guide.
3. Submit the completed 2017 65+ Medical and Dental Open Enrollment Change Form (see page 2), completed vendor enrollment form(s) (available at the HR Service Center), and the AARP Authorization form (if changing to AARP) to the HR Service Center by November 8, 2016. (See next page for Enrollment Change Form)
2017 UNM 65+ MEDICAL & DENTAL OPEN ENROLLMENT CHANGE FORM

****IF YOU DO NOT WISH TO CHANGE YOUR CURRENT MEDICAL AND/OR DENTAL COVERAGE, YOU DO NOT NEED TO COMPLETE THIS FORM OR TAKE ANY ACTION****

<table>
<thead>
<tr>
<th>UNM Retiree Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNM Retiree Name (Last, First, Middle Initial)</td>
</tr>
<tr>
<td>Street Address, City, State, and Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ CHANGE PLAN MEDICAL</td>
</tr>
<tr>
<td>☐ CHANGE PLAN DENTAL</td>
</tr>
<tr>
<td>☐ CANCEL COVERAGE</td>
</tr>
<tr>
<td>☐ ADD/DROP DEPENDENT COVERAGE</td>
</tr>
</tbody>
</table>

**MEDICAL PLAN ELECTION**

- ☐ BlueCross BlueShield (BCBS) PPO Plan
- ☐ BCBS HMO Plan I (High) ☐ BCBS HMO Plan II (Low) (Formerly Lovelace Enhanced and Lovelace Standard Plans)
- ☐ Presbyterian HMO-POS ☐ Presbyterian HMO-POS Premier Plan (High) ☐ Select Plan (Low)
- ☐ AARP Medicare Supplement Plan F AND AARP MedicareRx Preferred Prescription Drug Plan (PDP)

**DENTAL PLAN ELECTION**

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

**Note:** Delta Dental annual benefit period is from July 1, 2016 thru June 30, 2017. If there is a rate increase for dental coverage, your July 1, 2017 Bursar’s statement will reflect the new dental premium rate.

**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>
<td></td>
<td></td>
<td></td>
<td>☐ Add ☐ Remove</td>
<td>☐ Medical ☐ Dental</td>
</tr>
<tr>
<td>Eligible Child(ren)</td>
<td></td>
<td></td>
<td></td>
<td>☐ Add ☐ Remove</td>
<td>☐ Medical ☐ Dental</td>
</tr>
</tbody>
</table>

**RETIREE Certification – Must be signed by the UNM Retiree**

I understand my signature authorizes the University of New Mexico to make the above changes, effective January 1, 2017.

Signature __________________________ Date _________________

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)

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