UNM 2018 65+ Open Enrollment is ONLY for retirees over 65, eligible 65+ employees retiring and turning 65 before January 1, 2018, and their legal Medicare-eligible dependents who have enrolled in and are covered by Medicare parts 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, 2018. NOTE: Retirees or dependents who will not be 65 or Medicare-eligible as of January 1, 2018 are NOT eligible to enroll in 65+ Retiree Medical and Dental plans, nor eligible to make medical or dental coverage changes during the October 23 – November 10, 2017 65+ Open Enrollment.

All 2018 UNM 65+ Open Enrollment Change Forms must be completed, signed BY THE RETIREE, and include the retiree’s current information (address, phone number, and email address). IMPORTANT: All required 2018 UNM 65+ Open Enrollment paperwork must be submitted to UNM HR Service Center on or before 5:00 pm on Friday, November 10, 2017 for changes to be effective January 1, 2018. 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 13 – 15 of the enclosed 2018 UNM 65+ Medical and Dental Open Enrollment Guide.

IF 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 and 888-867-5575 to cancel your UNM AARP MedicareRx Prescription Drug Plan (PDP).
2. Sign, date, and submit a salmon-colored 2018 UNM 65+ Medical and Dental Open Enrollment Change form to the HR Service Center by Friday, November 10, 2017. (See address, fax, and phone number on page 2 of this form)

*PLEASE NOTE: If you, as the retiree, cancel your medical or dental coverage and you are also covering a dependent spouse, domestic partner, and/or child, their coverage will be also be cancelled, regardless of your dependent’s age.

IF 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 desired plan under MEDICAL PLAN ELECTION AND/OR DENTAL PLAN ELECTION.
3. Complete DEPENDENT INFORMATION on 2018 UNM 65+ Open Enrollment Change Form.
4. If adding a dependent to your medical coverage, bring a photocopy of dependent’s Medicare card showing A & B coverage to the HR Service Center. Request enrollment forms for the medical and/or dental insurance vendor(s) you are selecting. NOTE: Dependents MUST enroll in the same plan(s) as the RETIREE, if the retiree is also enrolled, except AARP.

Continued on next page…..
5. Submit the 2018 UNM 65+ Open Enrollment Change Form (signed and dated), insurance 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 10, 2017. (See HR Service Center address on Page 4 of this form – *hand delivery or secure fax is preferred.*)

**IF DROPPING A MEDICARE-ELIGIBLE DEPENDENT FROM 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 **DEPENDENT INFORMATION** on 2018 UNM 65+ Open Enrollment Change Form.
4. Sign, date, and submit your 2018 65+ Open Enrollment Change Form to the HR Service Center by 5:00 pm on November 10, 2017. (See the HR Service Center address on Page 4 of this form – *hand delivery or secure fax is preferred.*)

**IF CHANGING MEDICAL 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, bring a photocopy of your and/or your dependent’s Medicare card *showing part A & B coverage* to the HR Service Center. Request vendor enrollment form(s) for each insured. If changing to AARP plans, follow the AARP Enrollment instructions on pages 64 – 66 of the enclosed UNM 65+ Open Enrollment Guide, and complete the AARP Authorization Form on page 67 – 68 of the Guide.
3. Submit one salmon-colored **2018 65+ MEDICAL AND DENTAL OPEN ENROLLMENT CHANGE FORM (see pages 3 – 4)**, 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 **5:00 pm on Friday November 10, 2017**.
## 2018 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***

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address, City, State, and Zip Code</td>
<td>Primary Phone</td>
<td>Secondary Phone</td>
</tr>
<tr>
<td>Email address:</td>
<td>(With Area Code)</td>
<td>(With Area Code)</td>
</tr>
</tbody>
</table>

### Type of Action

- □ CHANGE PLAN MEDICAL
  - (Vendor enrollment form(s) for new plan, along with copy of Medicare card showing part A & B coverage or proof of enrollment MUST be attached to this form) (SELECT NEW PLAN BELOW)

- □ 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 (BCBS) PPO Plan
- □ BCBS HMO Plan I (High) □ BCBS HMO Plan II (Low) (Formerly Lovelace Enhanced and Lovelace Standard Plans)
- □ Presbyterian HMO POS Premier Plan (High) □ Presbyterian HMO POS Select Plan (Low)
- □ AARP Medicare Supplement Plan
  - □ F
  - □ G
  - □ N
  - ... AND
- □ AARP MedicareRx Prescription Drug Plan (PDP)
  - □ Walgreens
  - □ Preferred
  - □ Saver Plus

**IMPORTANT:** You must enroll in both an AARP Medicare Supplement Plan AND an AARP MedicareRx PDP using the enclosed Authorization Form (see page 67 - 68 of the 65+ Open Enrollment Guide) to be eligible for the 30% premium contribution from UNM.

### DENTAL PLAN ELECTION**

- □ Delta Dental Premier® (High)
- □ Delta Dental PPO* (Low)

**Delta Dental annual benefit period is from July 1, 2018 thru June 30, 2019. If there is a rate increase for dental coverage, your July 1, 2018 Bursar’s statement will reflect the new dental premium rate.

**Note:** Pre-65 Retirees (turning 65 after 12/31/17) with Age 65+ or Medicare-eligible dependents will be eligible to make changes to dependent(s) dental coverage during the UNM Pre-65 Open Enrollment in April and/or May of 2018.

### 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>

*** UNM Retiree Must Sign and Date Page 2 of this Form or benefit changes will not be processed ***
I understand my signature authorizes the University of New Mexico to make the above changes, effective January 1, 2018.

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.

Signature ___________________________________________ Date _____________________

Submit or mail this form to:

UNM HR Service Center
Attention: Retiree Benefits
MSC 01 1220, Suite 1400
1700 Lomas Blvd. NE, Albuquerque, NM 87131
(505) 277-MyHR (6947)
Secure Fax 505-277-2278

UNM HR Service Center is located in the John & June Perovich Business Center at Lomas and University Blvd.

*** UNM Retiree Must Sign and Date Page 2 of this Form or benefit changes will not be processed ***

IMPORTANT NOTE: If changing to AARP plans, both the AARP 2018 Medicare Supplement and MedicareRx enrollment kits must be received by AARP/UnitedHealthcare no later than December 7, 2017.

UNM Retirees and dependents who fail to meet this deadline will permanently lose UNM’s contribution to premiums and the ability to participate in UNM’s 65+ Open Enrollment in future.