

2021 UNM UnitedHealthcare Enrollment Authorization Form (Page 1 of 2)

The insured's name(s) on enrollment applications and UNM's Banner system MUST match the name(s) on the Medicare Card(s), to ensure all claims are processed on time and Open Enrollment mailings are received.

Name (please print) _____ Banner ID or SS# _____

Date of Birth ___/___/___ Relationship to UNM Retiree: SELF / DEPENDENT (*Select one*)

If DEPENDENT, please provide full name and Banner ID or SS# of UNM Retiree carrying coverage:

Retiree (please print) _____ Banner ID or SS# _____

I have elected to enroll in AARP Medicare Supplement Insurance, underwritten by UnitedHealthcare. I understand that by completing this form, I have read and agree to the terms below:

- I am currently enrolled in Part B of original Medicare or am in the process of enrolling. My part B Medicare is effective, ___/___/_____. A copy of my Medicare Part B card or proof of enrollment is attached. **(REQUIRED)**
- My enrollment in part B of Medicare **IS / IS NOT** (*Select One*) due to a disability.
NOTE: AARP Medicare Supplement Insurance Plans may not be available to pre-65 Medicare-eligible applicants in every US state.
- Upon receiving my AARP enrollment kit(s), I agree to complete the Medicare Supplement and MedicareRx enrollment kits and return them to UnitedHealthcare as soon as possible. Failure to do so may result in duplicate coverage, a lapse in coverage, or having to pay double premiums until I am enrolled in BOTH AARP plans.
- **NOTE: I understand that I (and my dependent) do not qualify for a premium contribution from UNM unless I am (we are) enrolled in both an AARP Medicare Supplement Insurance Plan (F, G or N) AND an AARP MedicareRx PDP plan (Preferred, Walgreens, or Saver Plus). UNM is not obligated to refund my premiums if I (we) fail to enroll timely in one of the UNM-covered AARP Medicare Supplement Insurance plans AND a UNM-covered AARP MedicareRx plan concurrently.**
- Upon receipt of my (and my dependent(s)) UnitedHealthcare Medicare Supplement Insurance and MedicareRx Prescription Drug Plan cards, I will mail, fax, or upload a copy of the card(s) to UNM.

Retiree Initials _____

2021 UNM UnitedHealthcare Enrollment Authorization Form, (page 2 of 2)

NOTE: Copies of my (and my dependent(s)) insurance cards are needed to make changes to my UNM Bursar's Account.

I will be billed directly by UnitedHealthcare for my share of premiums for my (and my dependent(s)) Medicare supplement plan and MedicareRx prescription drug coverage. If I(we) have other UNM-sponsored benefits (such as dental, life insurance, and/or a pre-65 dependent medical plan), I will continue to be billed monthly for my (our) share of these other premiums through UNM Bursar's office.

- **IMPORTANT: AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred, Walgreens, or Saver Plus PDPs are the only Medicare Supplement and PDP plans for which UNM contributes to premiums. Plan F is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A Effective Date prior to 1/1/2020.**
- Enroll in and retain **one of each** of these plans concurrently to be covered under UNM's retiree benefits. In *MA, MN, and WI*, alternate plans are approved as a substitute for Plans F, G and N. *UNM's MedicareRx Preferred, Walgreens, and Saver Plus PDPs are available in all states. Note: Retirees and dependents who change state of residence and are enrolled in AARP MedicareRx Preferred, Walgreens, or Saver Plus must re-enroll in the AARP MedicareRx plan in their new state of residence. UNM is not able to re-enroll retirees or dependents. AARP plan coverage is individual.*
- Some States, including New Mexico, do not provide Medicare Supplement coverage for **pre-65** Medicare-eligible retirees and dependents. Contact UnitedHealthcare at 800-545-1797 for more information and inform them you are with The University of New Mexico Group.

Please ask AARP to mail enrollment kit(s) to me at the following address:

Mailing Address

City, State

Zip Code

SUBMIT your Retiree Benefit Election Form to Benefits & Employee Wellness via one of three options: **ELECTRONICALLY: Complete and UPLOAD this form to the Benefits Secure Document Upload portal at <https://hr.unm.edu/upload> **or FAX:** 505-277-2278 **or MAIL:** UNM Benefits & Employee Wellness, MSC01 1220-Benefits Representative, 1 University of New Mexico, Albuquerque, NM 87131-0001**

I agree to the above terms and authorize Benefits & Employee Wellness to order my enrollments from AARP.

*** IF UPLOADING ELECTRONICALLY TO HR'S SECURE DOCUMENT UPLOAD SITE, MY TYPED-IN NAME BELOW SERVES AS MY SIGNATURE.**

*** SIGNATURE IS REQUIRED IF PROVIDING PAPERWORM VIA FAX OF MAIL.**

*UNM Retiree / Dependent Signature

Date