



## 2017-2018 PRE-65 RETIREE OPEN ENROLLMENT INSTRUCTIONS - PLEASE READ CAREFULLY!

The 2017-2018 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 2017.

**All Open Enrollment change forms must be completed by the retiree, signed, dated, 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 26, 2017 in order for changes to be effective July 1, 2017. No late or incomplete forms will be processed.**

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 and include "Action" and "Mark Type of Coverage" for each dependent.
3. Sign, date, and submit the 2017-2018 Open Enrollment Change Form to the HR Service Center by 5pm on May 26, 2017.

### **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 2017-2018 Open Enrollment Change Form to the HR Service Center by May 26, 2017.

***\*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 to include "Action" and "Mark Type of Coverage" for each dependent.

***PLEASE NOTE: Dependents **MUST** enroll in the same plan as the pre-65 RETIREE.***

4. Submit the 2017-2018 Open Enrollment Change Form (signed and dated) to the HR Service Center by May 26, 2017.

***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. 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 may 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 2017 Open Enrollment Change Form and include "Action" and "Mark Type of Coverage" for each dependent.
4. Sign, date, and submit the 2017 Open Enrollment Change Form to the HR Service Center by May 26, 2017.



## 2017-2018 PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM

(If no changes to current elections, do not complete)

**OPEN ENROLLMENT: Wednesday May 10 through Friday, May 26, 2017**

**This form and all required documents must be submitted to HR by no later than 5:00pm on May 26, 2017**

<b>Retiree Information</b>			
Name (Last, First, MI)		Date of Birth / /	UNM Banner ID
Mailing Address _____ _____ _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number (PRIMARY) (____) _____
Current Email Address _____			
<input type="checkbox"/> <b>CHANGE EXISTING MEDICAL/DENTAL PLAN (including currently enrolled dependents)</b>  ➤ Select Medical/Dental Plan below  ➤ Complete Dependent information below  NOTE: Retirees and dependents must be on the same plan	<input type="checkbox"/> <b>CANCEL* EXISTING MEDICAL PLAN</b>  <input type="checkbox"/> <b>CANCEL * EXISTING DENTAL PLAN</b>  <i>* Cannot enroll at a later time.</i>	<input type="checkbox"/> <b>ADD DEPENDENT(S)</b>  ➤ List dependent information below	<input type="checkbox"/> <b>CANCEL DEPENDENT(S)</b>  ➤ List dependent information below

<b>UNM Medical Plan Selection (IF CHANGING PLANS)</b>	<b>UNM Dental Plan Selection (IF CHANGING PLANS)</b>
<input type="checkbox"/> Blue Cross Blue Shield Plan <input type="checkbox"/> Presbyterian Health Plan <input type="checkbox"/> UNM Health Plan	<input type="checkbox"/> Delta Dental Premier (High) <input type="checkbox"/> Delta Dental PPO (Low)

Enrollees/ Dependents	Name (Last, First, MI)	DOB	Gender M / F	Action: (Add or Remove)	Mark Type of Coverage for each Enrollee
Spouse				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Domestic Partner (DP)				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental

**Retiree Certification**

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this completed form to UNM Human Resources no later than 5:00pm on May 26, 2017. 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. No late or incomplete forms will be processed.**

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