IMPORTANT!
ALL FORMS AND REQUIRED DOCUMENTS MUST BE RECEIVED
NO LATER THAN 5 p.m. Mountain Time on November 8, 2019
Late or incomplete forms will NOT be processed.

UNM’s 2020 Medicare-Eligible Retiree Open Enrollment is ONLY for Medicare-eligible retirees, eligible employees retiring and turning 65 before January 1, 2020, and their legal Medicare-eligible dependents who have enrolled in and are covered by Medicare parts A and B. See page 14 of the 2020 Medicare-Eligible Retiree Open Enrollment Guide for details about widow/widower allowed changes. For Medicare-eligible retirees with dependents under the age of 65, be advised the next Open Enrollment period for Pre-65 Retiree coverage changes will be in April and/or May, 2020. NOTE: Retirees or dependents who will not be Medicare-eligible as of January 1, 2020 are NOT eligible to make medical or dental coverage changes during the October 21 – November 8, 2019 Open Enrollment period.

The 2020 UNM Medicare-Eligible Retiree Open Enrollment Change Form must be completed, signed BY THE RETIREE, and include the retiree’s current contact information (address, phone number, and email address).

See UNM HR Service Center address on page 2 of the Form. Hand delivery or fax is preferred to ensure delivery prior to the end of 2020 the Medicare-eligible Retiree Open Enrollment period.

To make changes, follow the instructions below based upon the change(s) you wish to make to your and/or 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 pages 13 -14 of the 2020 UNM Medicare-eligible Retiree 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: Additionally, if applicable to you, you must contact UnitedHealthcare 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 the salmon-colored 2020 Medicare-Eligible Retiree Medical And Dental Open Enrollment Change Form to UNM HR Service Center by the Open Enrollment deadline.

* PLEASE NOTE: If you, as the retiree, cancel your UNM-sponsored medical and/or dental coverage and you are also covering a dependent spouse, domestic partner, and/or child, your dependent’s coverage will be also be cancelled, regardless of your dependent’s age.
IF ADDING A MEDICARE-ELIGIBLE DEPENDENT TO YOUR EXISTING 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 the 2020 UNM Medicare-eligible Retiree Open Enrollment Change Form.
4. If adding a dependent to your **medical coverage**, mail, deliver, or fax a photocopy of your **dependent's Medicare card** showing A & B coverage to the UNM 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 UNM Medicare Advantage Plan as the RETIREE, unless the dependent is under age 65.

   *Retirees and dependents may each enroll in a different UNM-sponsored AARP Medicare Supplement plan (F, N, or G) and AARP MedicareRx Prescription Drug plans (Walgreens, Saver Plus, or Preferred). 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.*

5. Sign, date, and submit the salmon-colored 2020 Medicare-Eligible Retiree Medical And Dental Open Enrollment Change Form, signed and dated by the retiree, insurance vendor enrollment form(s) completed by the dependent, and a copy of the dependent’s Medicare A & B card to the HR Service Center by the Open Enrollment deadline.

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**.
4. Sign, date, and submit the salmon-colored 2020 Medicare-Eligible Retiree Medical and Dental Open Enrollment Change Form to the HR Service Center by the Open Enrollment deadline.

IF CHANGING EXISTING MEDICAL OR DENTAL COVERAGE TO A DIFFERENT UNM RETIREE MEDICARE PLAN OR DENTAL 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**, mail, deliver or fax to 505-277-2278 a photocopy of your and/or your dependent’s Medicare card showing part A & B coverage to the UNM HR Service Center. Next, request vendor enrollment form(s) for each insured. If changing to AARP plans, follow the UnitedHealthcare Enrollment instructions on pages 83 - 84 of the enclosed UNM Medicare-Eligible Retiree Open Enrollment Guide, and complete the 2020 UNM UnitedHealthcare Authorization Form on pages 85 - 86 of the Guide.
3. Sign, date, and submit the salmon-colored 2020 Medicare-Eligible Retiree Medical And Dental Open Enrollment Change Form along with completed and signed vendor enrollment form(s) (available from the UNM HR Service Center), and, if changing to AARP plans, the 2020 UnitedHealthcare Authorization form, to the UNM HR Service Center by the **November 8th Open Enrollment deadline**.

Page 2 of 2
**2020 UNM Medicare-Eligible RETIREE 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>
<th></th>
<th></th>
<th>Medicare Part A &amp; B ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNM Retiree Name (Last, First, Middle Initial)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banner ID or SSN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address, City, State, and Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Phone (With Area Code)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary Phone (With Area Code)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Action**

- [ ] CHANGE PLAN MEDICAL
- [ ] CHANGE PLAN DENTAL
- [ ] 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 on page 2)

**MEDICAL PLAN ELECTION**

- [ ] Medicare Advantage Plans (Medical and Prescription):
  - [ ] Humana PPO
  - [ ] Aetna PPO ESA
  - [ ] BCBS HMO Plan I (Enhanced)
  - [ ] BCBS HMO Plan II (Standard)
  - [ ] Presbyterian HMO-POS Premier Plan
  - [ ] Presbyterian HMO-POS Select Plan

- [ ] Medicare Supplement Plans (Medical & Prescription):
  - [ ] AARP Medicare Supplement Plans underwritten by UnitedHealthcare (See note on page 2 for Plan F eligibility)
    - [ ] Plan F
    - [ ] Plan G
    - [ ] Plan N
  - [ ] AARP MedicareRx Prescription Drug Plans (PDP)
    - [ ] Walgreens
    - [ ] Preferred
    - [ ] Saver Plus

**IMPORTANT:** You must enroll in both an AARP Medicare Supplement Plan underwritten by UnitedHealthcare AND an AARP MedicareRx PDP using the enclosed UnitedHealthcare Authorization Form (see pages 84 - 85 of the 2020 Medicare-Eligible Open Enrollment Guide) to receive the premium contribution from UNM.

**DENTAL PLAN ELECTION**

- [ ] Delta Dental Premier®
- [ ] Delta Dental PPO®

**Note:** Pre-65 Retirees (turning 65 after 12/31/19) 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 2020.

UNM Retiree Must Sign and Date Page 2 of this Form or benefit changes will not be processed.
### DEPENDENT INFORMATION

<table>
<thead>
<tr>
<th>Dependent(s)</th>
<th>Name (Last, First, Mi)</th>
<th>Medicare Part A&amp;B ID Number</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></td>
<td>Add Remove</td>
<td>Medical Dental</td>
</tr>
<tr>
<td>Eligible Child(ren)</td>
<td></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, 2020.

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 ________________

### ALL FORMS AND DOCUMENTATION MUST BE RECEIVED NO LATER THAN 5 P.M. MOUNTAIN TIME ON NOVEMBER 8, 2019

Drop off, fax, or mail this form to:

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

UNM HR Service Center is located in the John & June Perovich Business Center at 1700 Lomas Blvd NE, Suite 1400 on the corner of Lomas and University Boulevard in Albuquerque, New Mexico, 87131.

### IMPORTANT: If changing to AARP plans, both the AARP 2019 Medicare Supplement and AARP MedicareRx PDP enrollment kits must be received by UnitedHealthcare no later than 3 p.m. Eastern Time on December 7, 2019.

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 Medicare-eligible Open Enrollment in future.

Note: 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.