

2020-2021 PRE-65 RETIREE OPEN ENROLLMENT INSTRUCTIONS & FORM

Please READ CAREFULLY!

The 2020-2021 Pre-65 Retiree Open Enrollment is for retirees and their covered dependents who are under the age of 65 and currently enrolled in UNM's medical and/or dental plans. If you are a pre-65 retiree with a Medicare-eligible dependent, you will be able to make changes to your dependent's medical benefits during the 2021 Medicare-eligible Retiree Open Enrollment in late October to mid-November.

Pre-65 Open Enrollment Change Forms must be completed by the retiree, signed, dated, and include all retiree and dependent information, current address, phone number, and email address, if applicable.

DUE TO THE COVID-19 PANDEMIC, HUMAN RESOURCES IS CURRENTLY PROVIDING SUPPORT FROM REMOTE LOCATIONS DURING NORMAL BUSINESS HOURS, MONDAY-FRIDAY 8 A.M. – 5 P.M. MOUNTAIN TIME.

All required forms must be FAXED to 505-277-2278, or MAILED to UNM HR Benefits Office at 1700 Lomas Blvd NE, Suite 1400, Albuquerque, NM 87131 and date-stamped/post-marked no later than Friday, May 29, 2020 in order for changes to be effective July 1, 2020.

Late or incomplete forms will not be processed!

IF YOU ARE NOT ENROLLED IN PRE-65 RETIREE MEDICAL AND/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 to which medical or dental plan you are changing.
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 Enrollees/Dependent information section of the Open Enrollment Change Form with their information and include "Action" and "Mark Type of Coverage" for each enrollee (dependent).
3. Sign, date, and submit the 2020-2021 Open Enrollment Change Form to the UNM HR Benefits Office, postmarked (by MAIL) or date stamped (via FAX) no later than May 29, 2020.

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IF YOU ARE CANCELLING YOUR EXISTING 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 2020-2021 Pre-65 Retiree Open Enrollment Change Form to the UNM HR Benefits Office, postmarked (by MAIL) or date stamped (via FAX) no later than May 29, 2020.

****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 AND/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 2020-2021 Open Enrollment Change Form (signed and dated) to the UNM HR BENEFITS OFFICE no later than May 29, 2020, postmarked (by MAIL) or date stamped (via FAX) no later than May 29, 2020.

If you are adding dependents to Medical coverage, you will be required to submit proof documents to Alight Solutions’ 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 Alight Solutions 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 2020 Open Enrollment Change Form and include “Action” and “Mark Type of Coverage” for each dependent.
4. Sign, date, and submit the 2020 Open Enrollment Change Form to the UNM HR Benefits Office by May 29, 2020, postmarked (by MAIL) or date stamped (via FAX) no later than May 29, 2020.

2020-2021

PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM

(If no changes to current elections, do not complete – No action is needed)

OPEN ENROLLMENT: Wednesday May 13 through Friday, May 29, 2020

This form and all required documents must be submitted to the UNM HR Benefits Office and postmarked (by MAIL) or date stamped (via FAX) no later than May 29, 2020.

Retiree Information

| | | |
|---|--|---------------|
| 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"/> CHANGE EXISTING MEDICAL/DENTAL PLAN (including currently enrolled dependents) ➤ Select Medical/Dental Plan below ➤ Complete Dependent information below, if applicable <small>NOTE: Retirees and dependents must be enrolled on the same plan</small> | <input type="checkbox"/> CANCEL* EXISTING MEDICAL PLAN <input type="checkbox"/> CANCEL * EXISTING DENTAL PLAN * <u>Cannot enroll at a later time.</u> | <input type="checkbox"/> ADD DEPENDENT(S) ➤ List dependent information below | <input type="checkbox"/> CANCEL DEPENDENT(S) ➤ List dependent information below |
|--|---|--|---|

| UNM Medical Plan Selection (IF CHANGING PLANS) | UNM Dental Plan Selection (IF CHANGING PLANS) |
|--|---|
| <input type="checkbox"/> LoboHEALTH <input type="checkbox"/> Presbyterian Health Plan | <input type="checkbox"/> Delta Dental Premier (High) <input type="checkbox"/> Delta Dental PPO (Low) |

| DEPENDENTS (if enrolling or cancelling) | | | | | | |
|---|------------------------|-----|-----------------|--|---|---------------------------------|
| | Name (Last, First, MI) | DOB | Gender M / F | Action: (Add or Cancel) | Mark Type of Coverage for each Dependent | |
| Spouse | | | | <input type="checkbox"/> Add <input type="checkbox"/> Cancel | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| Child | | | | <input type="checkbox"/> Add <input type="checkbox"/> Cancel | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| Child | | | | <input type="checkbox"/> Add <input type="checkbox"/> Cancel | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| Child | | | | <input type="checkbox"/> Add <input type="checkbox"/> Cancel | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| Domestic Partner (DP) | | | | <input type="checkbox"/> Add <input type="checkbox"/> Cancel | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| DP Child | | | | <input type="checkbox"/> Add <input type="checkbox"/> Cancel | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| DP Child | | | | <input type="checkbox"/> Add <input type="checkbox"/> Cancel | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |

-- This two-page Form will not be accepted unless both pages are completed --

2020-2021
PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM
(CONTINUED)

-- This two-page Form will not be accepted unless both pages are completed --

Retiree Certification

If you knowingly make a false statement on your Enrollment Application(s), or file a false claim, such application or claim may be retroactively rescinded to the date of the application or claim. Any premiums collected from the Participant for coverage that is later revoked due to a fraudulent application may be refunded to the Participant by the Plan. If a claim is paid by the Plan and it is later determined that the claim should not have been paid due to a fraudulent application or claim, the Participant may be responsible for full reimbursement of the claim amount to UNM.

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.

I understand that my signature authorizes the University of New Mexico to apply any necessary benefit premium billing through payroll deductions or Bursar billing.

I understand that my signature authorizes the University of New Mexico to make the above changes effective July 1, 2020.

Signature _____ Date: _____

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SUPPORT FROM REMOTE LOCATIONS DURING NORMAL BUSINESS HOURS,
MONDAY-FRIDAY 8 A.M. – 5 P.M. MOUNTAIN TIME.***

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Late or incomplete enrollment forms will not be processed!

UNM HR Benefits, MSC 01 1220, Suite 1400, One University of New Mexico
1700 Lomas Blvd NE, Albuquerque, NM 87131

Remote Office Hours: Monday thru Friday, 8:00 am – 5:00pm, MT
Email: HRBenefits@unm.edu
Fax: (505) 277-2278