

**2018-2019
PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM**

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

OPEN ENROLLMENT: Wednesday May 9 through Friday, May 25, 2018

***This form and all required documents must be submitted to the HR Service Center by
no later than 5:00pm on May 25, 2018***

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	<input type="checkbox"/> CANCEL* EXISTING MEDICAL PLAN <input type="checkbox"/> CANCEL* EXISTING DENTAL PLAN * Cannot enroll at a later time.	<input type="checkbox"/> ADD DEPENDENT(S) ➤ List dependent information below	<input type="checkbox"/> CANCEL DEPENDENT(S) ➤ List dependent information below
NOTE: Retirees and dependents must be on the same plan			

UNM Medical Plan Selection (IF CHANGING PLANS)	UNM Dental Plan Selection (IF CHANGING PLANS)
<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
DP Child				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental

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

**2018-2019
PRE-65 RETIREE OPEN ENROLLMENT CHANGE FORM
(CONTINUED)**

Retiree Certification

If you knowingly make a false statement on your Enrollment Application, 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 make any necessary deductions from my pay through payroll deduction.

I understand that my signature authorizes the University of New Mexico to make the above changes effective July 1, 2018.

Signature _____ Date: _____

***Please submit this completed form to UNM Human Resources no later than 5:00pm on May 25, 2018.
Late or incomplete enrollment forms will not be processed.***

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.

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