# 2012-2013 UNM UNDER-65 OPEN ENROLLMENT CHANGE FORM

***COMPLETE ONLY IF REQUESTING CHANGES TO BE MADE TO YOUR PLANS***

## RETIREE INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Date of Birth</th>
<th>Banner ID or SS Number (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street address, City State, Zipcode</th>
<th>PHONE NUMBER (PRIMARY)</th>
<th>PHONE NUMBER (SECONDARY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

## TYPE OF OPEN ENROLLMENT CHANGE REQUESTED

- ☐ MEDICAL PLAN CHANGE-ENROLL IN NEW PLAN
- ☐ DENTAL PLAN CHANGE-ENROLL IN NEW PLAN
  
  Select new plan below

- ☐ CANCEL/CURRENT PLAN-NO NEW ENROLLMENT
  
  - ☐ CANCEL MEDICAL*
  
  - ☐ CANCEL DENTAL*

  *NOTE: You will not be able to re-enroll at a future date

- ☐ ADD/DROP DEPENDENT(S)FROM PLAN
  
  - ☐ ADD TO PLAN
  
  - ☐ DROP FROM PLAN

  **NOTE: Verification of birth must be attached for dependent(s)**

## MEDICAL PLAN ELECTION

- ☐ Lovelace Healthcare Plan
- ☐ Presbyterian Healthcare Plan

## DENTAL PLAN ELECTION

- ☐ Delta Dental Premier (High Option)
- ☐ Delta Dental Preferred (Low Option)

Delta Dental annual benefit period is from July 1, 2012 thru June 30, 2013. If there is a rate increase for dental coverage, your July 1, 2012 statement will reflect the new premium.

## DEPENDENTS

<table>
<thead>
<tr>
<th>DEPENDENTS</th>
<th>NAME (Last, First, MI)</th>
<th>DATE OF BIRTH</th>
<th>GENDER M/F</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## RETIREE CERTIFICATION

I understand that my signature authorizes the University of New Mexico to make the above changes to my coverage. I understand that all changes are effective as of July 1, 2012.

Signature ___________________________ Date: ______________

Please submit or mail this form to:  
UNM HR Division  
MSC01 1220, Suite 1400  
One University of New Mexico  
1700 Lomas Blvd NE, Albuquerque, NM 87131  

Questions? Call us at (505) 277-2278  
Human Resources Fax (505) 277-2278  

The HR Service Center is located on the East end of the John and June Perovich Business Center on the corner of Lomas and University Blvd.