UNM BENEFITS | **UNM 65+ RETIREE BENEFIT ELECTION FORM**

UNM Retiree Information

Name (Last, First, MI) PLEASE PRINT	BANNER ID
Date of Birth	Effective Date of Retirement

IMPORTANT: PLEASE READ: I have contributed to UNM's Voluntary Employee Beneficiary Association (VEBA) and am eligible to retire under the New Mexico Education Retirement Act (ERA) plan or the Alternative Retirement Plan (ARP). Based on this, I elect to make the following benefit changes upon retirement. I understand that I will be billed by the UNM Bursars Office on a monthly basis and agree to make my payments IN FULL each month. I further understand that failure to do so CAN result in cancellation of my UNM post-retirement benefits. 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:_____

Health Insurance Plan Election

NOTE: If you or covered dependents are 65 or older, and wish to maintain UNM health insurance, you MUST enroll in a UNM-sponsored Medicare plan at the time of retirement, provided you continuously contributed to the VEBA for 5 consecutive years prior to retirement (or were grandfathered in to the VEBA). Penalties may apply if retiree or covered dependents do not enroll in a UNM-sponsored Medicare plan within 60 days of retirement date and UNM health insurance may be cancelled.

Please check one of the applicable selections below:

☐ I understand that I have to enroll in one of the UNM-sponsored Medicare plans within 60 days of my retirement date if I am 65 or older at the time of retirement. If any of my covered dependents are 65 or older or Medicare-eligible, I understand that they will need to enroll in the same UNM-sponsored Medicare plan at the time of my retirement. I am requesting information on my plan options so that I can make a decision and request enrollment information for the plan of my choice.

☐ I have a dependent that is under the age of 65 that will remain on the UNM commercial plan as a Pre-65 dependent.

☐ I have been covered under another UNM employee and would like to enroll in individual post-retirement benefits upon retirement. The UNM employee's information is as follows:
NAME _____ BANNER ID_____

☐ I am electing to CANCEL my health insurance with UNM. I understand that once I cancel my health insurance I **cannot** re-enroll at a later date.

Dental Insurance Plan Election

☐ I am electing to CONTINUE the same dental coverage I currently have for myself and any enrolled dependents, if applicable.

☐ I have not previously been enrolled in UNM Dental benefits. I am electing to ENROLL in the following UNM Dental plan:
☐ Delta Dental High Option-retiree only ☐Delta Dental High Option-retiree and dependent(s)
☐ Delta Dental Low Option-retiree only ☐Delta Dental Low Option-retiree and dependent(s)

☐ I have been covered under another UNM employee and would like to enroll in individual post-retirement benefits upon retirement. The UNM employee's information is as follows:
NAME _____ BANNER ID_____

☐ I am electing to CANCEL my dental insurance coverage with UNM. I understand that once I cancel my dental insurance coverage I **cannot** re-enroll at a later date.

Basic and Supplemental Life Insurance Elections

☐ **BASIC LIFE**: I am electing to ☐ CONTINUE   ☐ CANCEL my Basic Life insurance.

☐ **BASIC LIFE**: I DO NOT have Basic Life insurance, but plan to apply for coverage directly with the Life Insurance provider. If I am approved, I will provide UNM Human Resources with a Certificate of Coverage from the carrier at the time of approval.

☐ **SUPPLEMENTAL LIFE**: I am electing to ☐CONTINUE ☐CANCEL my Supplemental Life insurance at the following level:

☐ Tier 1   ☐ Tier 2   ☐ Tier 3

☐ **SUPPLEMENTAL LIFE**: I DO NOT have Supplemental Life insurance beyond the Basic level

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