



UNM PRE-65 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.

Signature _____ Date: _____

Health Insurance Plan Election

- I am electing to CONTINUE the same medical coverage I currently have for myself and any enrolled dependents. If any of my dependents are 65 or over or Medicare-eligible, I understand that they will need to enroll in a UNM-sponsored Medicare plan at the time of my retirement.
- I have not previously been enrolled in UNM medical benefits. I am electing to ENROLL in the following UNM medical plan:
 - Presbyterian-retiree only Presbyterian-retiree and dependent(s)
 - BlueCross BlueShield -retiree only BlueCross BlueShield-retiree and dependent(s)
 - UNM Health-retiree only UNM Health-retiree and dependent(s)

- I have been covered under another UNM employee and would like to ENROLL IN / CANCEL (circle one) post-retirement medical benefits upon retirement. The UNM employee's information is as follows:

NAME _____ BANNER ID _____

- I am electing to CANCEL my health insurance coverage with UNM. I understand that once I cancel my coverage 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 / CANCEL (circle one) post-retirement dental 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 coverage I cannot re-enroll at a later date.

Basic and Supplemental Life Insurance Elections

- BASIC LIFE:** I am electing to CONTINUE / CANCEL (circle one) 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 (circle one) my Supplemental Life insurance at the following level:
 - Tier 1 Tier 2 Tier 3 Tier 4 or 5 (if approved and enrolled prior to retirement date)

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