

UNM Retiree Information

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| 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

- 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:

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|---|--|
| <input type="checkbox"/> Presbyterian-retiree only | <input type="checkbox"/> Presbyterian-retiree and dependent(s) |
| <input type="checkbox"/> BlueCross BlueShield -retiree only | <input type="checkbox"/> BlueCross BlueShield-retiree and dependent(s) |
| <input type="checkbox"/> UNM Health-retiree only | <input type="checkbox"/> 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:

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|--|--|
| <input type="checkbox"/> Delta Dental High Option-retiree only | <input type="checkbox"/> Delta Dental High Option-retiree and dependent(s) |
| <input type="checkbox"/> Delta Dental Low Option-retiree only | <input type="checkbox"/> 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:

| | | | |
|---------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Tier 1 | <input type="checkbox"/> Tier 2 | <input type="checkbox"/> Tier 3 | <input type="checkbox"/> 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