

2017 NEW RETIREE BENEFIT ENROLLMENT FORM FOR 65 AND OVER AND/OR MEDICARE ELIGIBLE

LAST NAME		FIRST NAME		MI	SSN		
ADDRESS			CITY		STATE	ZIP	
HOME PHONE NUMBER		CELL PHONE NUMBER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	BIRTH DATE (MM/DD/YY) / /	
E-MAIL ADDRESS					EFFECTIVE DATE (MM/DD/YYYY) / /		

SECTION 1: INSTRUCTIONS

RETIREES: Please note that all cancellations are IRREVOCABLE. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you cancel a benefit, you cannot elect it at a later date.

SECTION 2: RETIREE MEDICAL (Please mark one box only) <input type="checkbox"/> CANCEL MEDICAL	M E D I C A L	
NOTE: In electing the supplemental plan for myself and eligible dependent, I understand that enrollment in Part B is required. Monthly rates for:	HIGH PLAN	HIGH with No RX Plan
Retiree 65 and Over Only	<input type="checkbox"/> \$561.46	<input type="checkbox"/> \$244.04
Retiree 65 and Over & Spouse/DP 65 and Over†	<input type="checkbox"/> \$1,101.90	<input type="checkbox"/> \$478.97
Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$2,147.27	N/A
Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$1,650.50	N/A
Retiree 65 and Over & Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$1,606.83	<input type="checkbox"/> \$1,289.41
Retiree 65 and Over & Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$1,110.06	<input type="checkbox"/> \$792.64
Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$2,245.84	N/A
Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$1,476.89	<input type="checkbox"/> \$1,159.47
Retiree 65 and Over & Spouse/DP Under 65 on AvMed POS Plan	<input type="checkbox"/> \$1,783.75	<input type="checkbox"/> \$1,466.33
Retiree 65 and Over & Spouse/DP Under 65 on AvMed Standard HMO	<input type="checkbox"/> \$1,080.26	<input type="checkbox"/> \$763.84

† Option also applies to Adult Children (AC) between 26 through 30 years of age, children of a Domestic Partner and/or eligible dependents.

DEPENDENT COVERAGE ONLY	(Please mark one box only) M E D I C A L			
NOTE: Monthly rates for Retiree 65 & Over with Non-JHS Medical Plan:	Jackson First HMO Plan	Select HMO Plan	Standard HMO Plan	POS Plan
Spouse/DP Under 65†	<input type="checkbox"/> \$387.42	<input type="checkbox"/> \$419.23	<input type="checkbox"/> \$519.80	<input type="checkbox"/> \$1,222.29
Child(ren)†	<input type="checkbox"/> \$423.59	<input type="checkbox"/> \$453.62	<input type="checkbox"/> \$548.60	<input type="checkbox"/> \$1,045.37
Spouse/DP Under 65† and Child(ren)†	<input type="checkbox"/> \$811.01	<input type="checkbox"/> \$872.85	<input type="checkbox"/> \$1,068.40	<input type="checkbox"/> \$2,267.66

SECTION 3: RETIREE DENTAL (Please mark one box only) CANCEL DENTAL * Guardian DHMO plans are not available outside of Florida.

Monthly rates for:	- Standard -		- Enriched -	
	GUARDIAN DHMO*	GUARDIAN PPO	GUARDIAN DHMO*	GUARDIAN PPO
Retiree Only	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$31.22	<input type="checkbox"/> \$14.57	<input type="checkbox"/> \$40.87
Retiree & One Dependent	<input type="checkbox"/> \$13.24	<input type="checkbox"/> \$61.76	<input type="checkbox"/> \$24.15	<input type="checkbox"/> \$80.81
Retiree & Family	<input type="checkbox"/> \$20.22	<input type="checkbox"/> \$99.55	<input type="checkbox"/> \$38.39	<input type="checkbox"/> \$130.30

SECTION 4: RETIREE VISION (Please mark one box only) <input type="checkbox"/> CANCEL VISION	Monthly rates for:	Retiree Only	Retiree & One	Retiree & Family
NOTE: Vision coverage is not provided to Adult Children (AC).	GUARDIAN/DAVIS	<input type="checkbox"/> \$4.14	<input type="checkbox"/> \$8.30	<input type="checkbox"/> \$15.23

SECTION 5: RETIREE & DEPENDENT INFORMATION Please list below a Preferred Dental Provider (PDP) if enrolling in a DHMO Dental Plan.

Relationship	M/F	Last Name/First Name	SSN	Coverage Desired				Date of Birth MM/DD/YY	Check One*			List the PDP # of your: Dental Provider
				Medical	Dental	Vision	Constant Credit		DP/CDP	AC		
Self												

* If enrolling a Domestic Partner, Child of a Domestic Partner or Adult Child(ren), please select the appropriate box. **NOTE:** You may only continue or cancel dependent coverage. You may not add new dependents.

SECTION 6: LIFE INSURANCE AND VOLUNTARY BENEFITS (Monthly Rates)

ARAG Legal - UltimateAdvisor	<input type="checkbox"/> Retiree Only \$13.33	<input type="checkbox"/> Retiree + Family \$17.60
ARAG Legal - UltimateAdvisor Plus	<input type="checkbox"/> Retiree Only \$17.30	<input type="checkbox"/> Retiree + Family \$22.82
Ocature ID Commander	<input type="checkbox"/> Retiree Only \$10.50	<input type="checkbox"/> Retiree + Family \$22.50
Ocature ConstantCredit	<input type="checkbox"/> Retiree Only \$11.50	<input type="checkbox"/> Retiree + Spouse* \$23.00
Pet Assure <input type="checkbox"/> \$7.00	PETplus <input type="checkbox"/> Single Pet \$4.50 <input type="checkbox"/> Multiple Pet \$8.50	Pet Assure/PETplus <input type="checkbox"/> Single Pet \$11.50 <input type="checkbox"/> Multiple Pet \$15.50
Life Insurance	<input type="checkbox"/> Elect LIFE INSURANCE	Life Insurance Benefit/Rates:
	<input type="checkbox"/> Decline LIFE INSURANCE	
		AGE 65-69
		AGE 70-74
		AGE 75+
		\$15,000.00
		\$20,000.00
		\$8.55
		\$11.40
		\$14.10
		\$18.80
		\$19.50
		\$26.00

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. Section 817.234 (1) (b)

RETIREE SIGNATURE	DATE
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