

2017 NEW RETIREE JACKSON HEALTH SYSTEM ENROLLMENT FORM UNDER 65 AND NOT 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/YYYY) / /		EFFECTIVE DATE (MM/DD/YYYY) / /	
E-MAIL ADDRESS							

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) CANCEL MEDICAL

Monthly rates for:

	MEDICAL			
	JACKSON FIRST HMO	SELECT HMO PLAN	STANDARD HMO PLAN	POS PLAN
Retiree Only	<input type="checkbox"/> \$387.42	<input type="checkbox"/> \$419.23	<input type="checkbox"/> \$519.80	<input type="checkbox"/> \$1,222.29
Retiree & Spouse/DP Under 65	<input type="checkbox"/> \$881.73	<input type="checkbox"/> \$948.46	<input type="checkbox"/> \$1,159.57	<input type="checkbox"/> \$2,362.72
Retiree & Child(ren) [†]	<input type="checkbox"/> \$811.01	<input type="checkbox"/> \$872.85	<input type="checkbox"/> \$1,068.40	<input type="checkbox"/> \$2,267.66
Retiree & Spouse/DP Under 65, plus Child(ren) [†]	<input type="checkbox"/> \$1,096.37	<input type="checkbox"/> \$1,177.78	<input type="checkbox"/> \$1,435.23	<input type="checkbox"/> \$2,906.67
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO No Rx	N/A	N/A	<input type="checkbox"/> \$763.84	<input type="checkbox"/> \$1,466.33
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO	N/A	N/A	<input type="checkbox"/> \$1,081.26	<input type="checkbox"/> \$1,783.75

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

SECTION 3: RETIREE DENTAL
 (Please mark one box only) CANCEL DENTAL

*Guardian DHMO Plans are not available outside Florida
NOTE: Dental coverage is not provided to Adult Children (AC).

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) CANCEL VISION

NOTE: Vision coverage is not provided to Adult Children (AC).

Monthly rates for:	Retiree Only	Retiree & One	Retiree & Family
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 & VOLUNTARY BENEFITS (Monthly Rates)

Life Insurance Elect Life Insurance Decline Life Insurance **NOTE:** Life Insurance coverage is reduced when you reach age 65. The coverage options are \$15,000 or \$20,000.
 \$ _____ x .00017 = _____ Base Annual Salary Monthly Premium Life insurance.

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
Ocenture ConstantCredit <small>*Please provide dependent information in Section two if electing dependent coverage.</small>	<input type="checkbox"/> Retiree Only \$11.50	<input type="checkbox"/> Retiree + Spouse* \$23.00
Ocenture ID Commander Plan	<input type="checkbox"/> Retiree Only \$10.50	<input type="checkbox"/> Retiree + Family \$22.50

Pet Assure \$7.00 **PETPlus** Single Pet \$4.50 Multiple Pets \$8.50 **Pet Assure/PETPlus** Single Pet \$11.50 Multiple Pets \$15.50

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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