



GWINNETT COUNTY HUMAN RESOURCES

Retiree Benefits Enrollment/Change Form

Please send your completed form and documentation to the Department of Human Resources by fax at 770.822.7775, hand deliver, or mail to: Gwinnett County Department of Human Resources – Benefits · 75 Langley Drive · Lawrenceville, GA 30046.

Personal Information

Last Name	First Name	Social Security #
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Section 1: Insurance Plans

Medical	Dental	Vision
Aetna	Blended Plans	
<input type="checkbox"/> Traditional PPO	<input type="checkbox"/> Blended Aetna Traditional	<input type="checkbox"/> Cigna DHMO
<input type="checkbox"/> Maximum Choice Gold	<input type="checkbox"/> Blended Aetna Max Choice Gold	<input type="checkbox"/> Cigna Mid-Option PPO
<input type="checkbox"/> Maximum Choice Silver	<input type="checkbox"/> Blended Aetna Max Choice Silver	<input type="checkbox"/> Cigna High-Option PPO
<input type="checkbox"/> Maximum Choice Bronze	<input type="checkbox"/> Blended Aetna Max Choice Bronze	
Kaiser	<input type="checkbox"/> Blended Kaiser HMO Gold	
<input type="checkbox"/> HMO Gold	<input type="checkbox"/> Blended Kaiser HMO Silver	
<input type="checkbox"/> HMO Silver	Medicare	
	<input type="checkbox"/> Aetna Medicare Advantage	
<input type="checkbox"/> Waive Medical	<input type="checkbox"/> Waive Dental	<input type="checkbox"/> Waive Vision
Coverage elected for:	Coverage elected for:	Coverage elected for:
<input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + spouse <input type="checkbox"/> Retiree + child(ren) <input type="checkbox"/> Retiree + family	<input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + spouse <input type="checkbox"/> Retiree+child(ren) <input type="checkbox"/> Retiree+family	<input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + spouse <input type="checkbox"/> Retiree+child(ren) <input type="checkbox"/> Retiree+family

Section 2: Medicare Information

If enrolling yourself and/or a covered dependent into the Aetna Medicare Advantage plan, complete this section. *See page 2 for identification of Medicare Claim #.

Name	Medicare Beneficiary Identifier (MBI)	Part A Effective Date	Part B Effective Date

Section 3: Dependent Coverage Information

Name	Relationship	Age	Medical	Dental	Vision
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By submitting this enrollment form, I certify that the information I have provided is true, correct and complete. I acknowledge that falsifying enrollment information or filing health claims for an ineligible person constitutes fraud and grounds for termination of benefits. Further, I authorize the release of all information for processing, payment, and auditing of claims to the plan sponsor, administrator or underwriter. Gwinnett County reserves the right to deduct all premiums directly from Defined Benefit (DB) pension payments if applicable, to change premiums and to change or terminate benefits, at its discretion.

Signature

Date

Staff Section Only

Purpose of Completion	Payment method		
<input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Divorce	<input type="checkbox"/> Manual Pay	PERN	DOH
<input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Retirement	<input type="checkbox"/> Pension Deduction		

CONTINUATION OF BENEFITS
MEDICAL/GROUP HEALTH

1. Enrollees will be given the option of continuing coverage under the group health plan at established retiree rates, provided the participant met eligibility requirements
 - a. Enrollee must make the election for continued coverage within a thirty (30) day period following the date of retirement or qualifying event. The continuation option will not be available after the thirty (30) day period has elapsed.
 - b. If coverage is declined, enrollee may be eligible later, only if there had been continuous coverage outside of Gwinnett County and there was an involuntary loss of that coverage. Enrollment into Gwinnett County's retiree health insurance is not allowed if there has been more than a thirty (30) day break in ANY health coverage.
 - c. Premium payments will be automatically deducted from the monthly benefit payment, if applicable. Coverage can be continued if the above conditions are met.
 - d. If enrollee elects to continue retiree health and pension participant and/or the participant's dependents are eligible for Medicare benefits, the participant will need to contact Medicare and advise of the date of retirement. If participant and/or dependents choose not to participate in Medicare Part B, neither participant nor dependents will be eligible for coverage.
2. Participant may elect coverage for the following dependents:
 - (1) Legal Spouse
 - (2) Child, (birth, adopted or legal guardianship) to age 26
 - (3) Child over the age of 26 who is certified medically disabled by Social Security

PLEASE NOTE:

Verification for enrolling eligible dependents* must be provided in the form of: 1). For spouse - A photo copy of certified marriage certificate AND any financial document displaying the retiree's and spouse's name, ie., joint bank account statement or mortgage/lease agreement, etc., 2). For child(ren) - A photo copy of certified birth certificate(s) and if the dependent child is over the age of 26 and disabled, a Social Security Award certifying medical disability is required.

*Dependents who were eligible dependents at the time of participant's retirement

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* Please see arrow identifying Medicare Claim # on sample Medicare card below:

