

“Self-Pay” Enhanced Retiree Plan Enrollment/Re-Enrollment Form



Name: _____ Benefit Fund ID#: BF00 _____

Address: _____ Cell Phone: (____) _____

Email Address: _____ Home Phone: (____) _____

Select One of the Following Plans: (Application must be returned if you are changing your plan)

“Self-Pay” Enhanced Retiree Plan (SPERP) – If chosen please fill out the options below.

“No-Cost” Basic Retiree Plan – I wish to “drop down” from my “Self-Pay” Enhanced Retiree Plan. I confirm that I have completed the two (2) year enrollment requirement.

IF SELECTING A SPERP PLAN, SELECT THE FOLLOWING OPTIONS: (See Plan Rates on Reverse Side)

- **Plan Options** (Select 1): Premium Premium Plus-T
- **Coverage Options*** (Select 1): Individual Individual + 1 Family
- **Payment Options** (Select 1): Annual Semi-Annual
- **Add-on Pre-paid Legal Services Plan** (Select 1): Yes No
- **Payment** (Select 1):
 - Credit/Debit Card #: _____ CVV: _____ Exp: _____ \$ _____
 - Check/MO Check #: _____ \$ _____

Administrative Use Only	Start Date	End Date	Old Plan	New Plan	Notes

LIST DEPENDENTS TO BE COVERED (Please List Name & Social Security #):

I have reviewed the Fund’s “Self-Pay” Enhanced Retiree Plan and the “No-Cost” Basic Retiree Plan. I have chosen to enroll in either the “Self-Pay” Enhanced Retiree Plan or the “No-Cost” Basic Retiree Plan as indicated above.

I understand this election is a commitment for two full consecutive years in my selected plan. After participating in my selected retiree plan for two full consecutive years I may either upgrade to one of the “Self-Pay” Enhanced Retiree Plans or drop-down to the No-Cost” Basic Retiree Plan.

Signature Date

Sworn to before me this _____
day of _____, 20____

NOTARY PUBLIC

Additional Rules and Regulations for SPERP

1. Plan coverage is for two (2) consecutive years. Benefit coverage is at the **Active** level according to the Benefit Fund plan guidelines. Enrollment Form **MUST** be notarized. **If you are remaining in the same plan and same frequency of payment, there is no need to send a new application.**

2. **“Self-Pay”** Enhanced Retiree Plans (SPERP) offer three (3) types of coverage options:

1. Individual* 2. Individual + 1 3. Family

SPERP Plans are offered in two (2) benefit levels at the Active level of coverage:

- **Premium**; Dental, Optical, Hearing Aid, Identity Theft & Fraud Protection and Life Insurance (\$5,000). Premium Plan-Rates - PER YEAR (minimum 2yr. enrollment)

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>	<u>Add-on Legal</u>
\$ 367.50	\$ 735.00	\$ 1,102.50	Semi-Annual	Add \$54
\$ 700.00	\$ 1,400.00	\$ 2,100.00	Annual (5% savings)	Add \$108 (no discount)

- **Premium Plus-T**; add Prescription Co-Payment Reimbursement and Tax Preparation. Premium Plus-T Rates - PER YEAR (minimum 2yr. enrollment)

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>	<u>Add-on Legal</u>
\$ 498.75	\$ 892.50	\$ 1,286.25	Semi-Annual	Add \$54
\$ 950.00	\$ 1,700.00	\$ 2,450.00	Annual (5% savings)	Add \$108 (no discount)

If a member with dependents opts for SPERP with individual coverage **only**, neither their spouse nor dependents can remain on the member’s “No-Cost” Basic Retiree Plan. Dependents **will lose all coverage** while the member is on an individual “Self-Pay” Plan (even if both retirees are Fund members). Dependent coverage, if dropped, can only be restored after the member satisfies two (2) consecutive years on a “Self-Pay” Enhanced Retiree Plan **which includes dependent coverage**, before their dependents can become eligible again for the “No-Cost” Basic Retiree Plan, unless the new dependent was due to a life event.

3. Retirees who opt for coverage in the Premium Plan, will be able to “move-up” to the Premium Plus-T, after one-year in SPERP, but they must remain there for another two (2) consecutive years before they may “drop-down” to lesser coverage and only after submitting another new, notarized Enrollment Form.

4. The Pre-paid Legal Services Plan may be added on to a second year of a SPERP Plan, but they must remain there for 2 consecutive years before they can drop-down to lesser coverage.

5. The Identity Theft and Fraud Protection Benefit is included in all Retiree plans at no additional cost.

6. When a retiree drops-down to the No-Cost Basic Retiree Plan an application must be returned indicating the change. They must remain in the No-Cost Basic Retiree Plan for **two (2) consecutive years before being given the opportunity to re-enroll in one of the Self-Pay Enhanced Retiree Plans.**

7. Domestic Partners may remain as an eligible dependent if approval was granted PRIOR to retirement and cannot be added after the member retires.