

**2018 Retiree Dependent PPO Enrollment Form**

***I****f you wish to remain enrolled with no changes, you do not need to return this form.*

*However, if you wish to make changes, this completed form must be returned to*

*Benefits Administration by November 30, 2017.*

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| **Retiree Name:** | **University ID:** |
| **Current UA Retiree Dependent Plan:**  PPO Plan | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Please complete the information below to elect coverage for 2018.** | | | | | | |
| **Election Type** | | | **Monthly University Contribution (83%)** | | **Monthly Member Premium (17%)** | |
| \_\_ Spouse | | | **$727** | | **$149** | |
| \_\_ Child(ren) Ages 0 – 25 years old | | | **$654** | | **$134** | |
| \_\_ Spouse and Child(ren) Ages 0 – 25 years old | | | **$1,381** | | **$283** | |
| \_\_ I decline medical and prescription coverage offered by The University of Akron effective January 1, 2018. I understand that I and my eligible dependents may re-enroll for coverage as a result of a family status change or during the next open enrollment period. | | | | | | |
|  | **Name** | **Relationship** | | **Birth Date** | | **Social Security Number** |
| \_\_ Enroll  \_\_ Terminate |  |  | |  | |  |
| \_\_ Enroll  \_\_Terminate |  |  | |  | |  |
| \_\_ Enroll  \_\_ Terminate |  |  | |  | |  |
| \_\_ Enroll  \_\_ Terminate |  |  | |  | |  |
| \_\_ Enroll  \_\_ Terminate |  |  | |  | |  |

By signing this form, I attest that only eligible individuals are covered on this plan. I understand that I may be required to provide evidence of eligibility within 30 days at the request of The University of Akron. I understand this election is effective January 1 through December 31, 2018. Changes to this election may only be made as a result of a family status change.  ***I understand that my coverage will be terminated and I will not be eligible for reinstatement if the monthly premiums are not paid within the allotted grace period on my bill.***

**Signature of Retiree or Dependent Date**

**Please mail or fax this completed form and the Working Spouse Form, if applicable, by November 30, 2017 to:**

Benefits Administration, The University of Akron

Administrative Services Building

Akron, OH 44325-0602

Fax: 330-972-2336