



**State of Alabama**  
**STATE EMPLOYEES' INSURANCE BOARD**  
**State Employees' Health Insurance Plan**  
**Joe N. Dickson, Chairman**  
**William L. Ashmore, CPA, Chief Executive Officer**  
January 18, 2006

RETIREE NAME  
RETIREE'S STREET ADDRESS  
RETIREE'S CITY, STATE ZIP

Contract Number: EIBXXXXXXXXX  
Plan: SEHIP/Blue Cross  
Group: 13000 Unit: RET  
Retirement Date: XX/01/200X

Dear Retiree:

Under Alabama law, Code of Alabama 1975, Section 36-29-19.8(1), if you retired after September 30, 2005 and become employed by another employer that provides at least 50% of the cost of single health insurance coverage, you must use your new employer's health benefit plan for primary coverage. If you are required to take your new employer's health insurance, the State Employees' Insurance Board (SEIB) offers supplemental and optional coverages at little to no cost to you that will cover most, if not all, of your out-of-pocket expenses.

You can re-enroll in the State Employees' Health Insurance Plan (SEHIP) without a break in coverage if your new employer stops paying at least 50% of the cost of single coverage or if you should lose your other employer's health insurance coverage. Please visit the SEIB website, [www.alseib.org](http://www.alseib.org), or contact the SEIB for more information on enrolling in our supplemental and optional coverages.

All employees who retired after September 30, 2005 are required to complete the form on the back side of this letter and return it to the State Employees' Insurance Board (SEIB) in the enclosed envelope. You should also contact us about subsequent employment changes if other group health insurance coverage is available to you.

Be aware that any employee or retiree who knowingly and willfully submits materially false information to the SEIB shall repay all claims and other expenses incurred by the plan related to false or misleading information submitted by the employee or retiree, in addition to a charge based on the applicable interest rate. (Code of Alabama 1975, Section 36-29-8(c))

Also, remember to notify us if you become eligible for Medicare prior to age 65. Once you are eligible for Medicare, Medicare becomes your primary coverage and the SEHIP provides secondary coverage. You should have both Medicare Parts A and B to have adequate health insurance coverage.

We greatly appreciate your efforts in this matter. If we can be of further service, please do not hesitate to contact us.

**201 South Union Street, Suite 200 • PO Box 304900**  
**Montgomery, Alabama 36130-4900**  
**334.263.8341 • Fax 334.263.8541**  
[www.alseib.org](http://www.alseib.org)

# RETIREE EMPLOYMENT VERIFICATION FORM

1. Are you employed?  Yes  No. If "No," skip the following questions, sign and return the form.

Current Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Employment Hire Date \_\_\_\_\_

2. Does your employer offer group health insurance?  Yes  No. If "No," skip the following questions, sign and return the form.

3. Does the employer contribute at least 50% or more of the cost of single health insurance coverage for its employees?  Yes  No. If "No," skip next question, sign and return the form.

4. Are you eligible for your employer's group health insurance coverage?  Yes  No. If "No," please explain why not.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AFFIRMATION AND RELEASE

I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all representations made by me on this form are true and complete. I understand that any misrepresentations may result in the forfeiture of insurance coverage and that I will be personally liable for all claims related to such misrepresentations.

Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_