

RETIREE ENROLLMENT FORM

Return completed form to:

State Employees' Insurance Board
 201 South Union Street, Suite 200 • Post Office Box 304900
 Montgomery, Alabama 36130-4900
 Phone: (334) 263-8341 • Toll Free: 1-866-836-9737 • Fax: (334) 263-8541
 Email: SEIBEnrollments@alseib.org • Web: www.alseib.org

A. Subscriber Information

Name (First, Middle Initial, Last):		Gender:	Social Security Number:	Date of Birth:
Physical Address:		City:	State:	ZIP Code:
Mailing Address (If different):		City:	State:	ZIP Code:
Home Phone Number:	Cell Phone Number:	E-Mail Address:		
Effective Date of Coverage:	Medicare Number (If applicable)	Are you or your spouse eligible for other group health insurance through a spouse or other employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Enrollment

(see page 3 for more information on coverage options)

<p>Health Coverage – Choose <u>one</u> health plan/option or decline all health coverage:</p> <p><input type="checkbox"/> SEHIP Medical (BCBS) (Non-Medicare Only)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family (complete section C)</p> <p><input type="checkbox"/> Medicare Advantage (UHC) (Medicare Only)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family (complete section C)</p> <p><input type="checkbox"/> Supplemental Plan (non-Medicare only) (complete Section E)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family (complete section C)</p> <p><input type="checkbox"/> Optional Plan (complete Section E)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family (complete section C)</p> <p><input type="checkbox"/> Decline All Health Coverage</p>	<p>Stand-alone Dental Coverage -- Choose <u>one</u> dental plan or decline dental coverage by leaving the boxes empty:</p> <p><input type="checkbox"/> BCBS Dental Plan*</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single \$8 per month</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family \$15 per month (complete section C)</p> <p><input type="checkbox"/> Southland Dental Plan*</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single \$8 per month</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family \$15 per month (complete section C)</p> <p>*A minimum enrollment of 12 months is required.</p> <p>If no selection is made, the SEIB will not add dental coverage.</p>	<p>Other stand-alone coverages – Choose one or both policies or decline coverage by leaving the boxes empty:</p> <p><input type="checkbox"/> Southland Cancer Policy*</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single \$12 per month</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family \$24 per month (complete section C)</p> <p><input type="checkbox"/> Southland Vision Policy*</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single \$12 per month</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family \$24 per month (complete section C)</p> <p>*A minimum enrollment of 12 months is required.</p> <p>If no selection is made, the SEIB will not add cancer or vision coverage.</p>
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C. Dependent Information - Attach Separate Sheet, if necessary

Coverage is requested to be effective on: Month _____ Day _____ Year _____.							By checking below, Add Dependent(s) to Coverage selected in Section B.			
First Name	Middle Initial	Last Name	Relationship to Retiree (Documentation Required)	Gender	Date of Birth	Social Security Number & Medicare Number, if applicable	Add to Health	Add to Dental	Add to Cancer	Add to 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"/>

D. Additional Coverage

(Please check all applicable boxes. Medicare Part A and B required for Medicare-eligible retirees and dependents)

Medicare Part A Medicare Part B Other (specify below or attach additional sheet)

E. Other Insurance Information

(Must be completed if you have other group health insurance through your spouse or another employer)

Health Insurance Company	Contract Holder Name (First, Middle Initial, Last)	Policy #	Name of Employer
Rx BIN	Rx ID	Group #	
Contract Holder's Date of Birth	Does your other insurance pay primary or secondary?	Effective Date	Expiration Date (if applicable)

Please check the box if your other insurance provides coverage for: Hospitalization Doctors' Visits Drugs Dental

If you are enrolling in the Supplemental Plan, please note the following:

You cannot maintain your primary coverage through the SEHIP, Local Government Health Insurance Plan, Public Education Employees' Health Insurance Plan, TRICARE, Medicaid, Medicare or the Marketplace. You may need to manually file claims with BCBS for pharmacy benefit reimbursements as BCBS may not coordinate with your primary insurance carrier.

Certain restrictions apply to high deductible health plans. A summary plan description of the other coverage must be provided to document the deductible amount. In addition, please note the Supplemental Plan does not coordinate with the Premium Cash Option.

F. SEHIP Eligibility Questionnaire- Determining Years of Creditable Coverage

SEHIP Eligibility Begin Date:	SEHIP Eligibility End Date:
Did you purchase military service through the RSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever eligible for PEEHIP coverage through an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PEEHIP Eligibility Begin Date:	PEEHIP Eligibility End Date:
Name of School or Institution:	

Does your RSA Years of Service calculation include time that you worked:

As a part-time employee prior to October 1, 2005?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a full-time employee of a local legislative delegation office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For a postsecondary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a juvenile probation officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As an employee of the USS Battleship Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As an employee of a local government unit (City, County, Water Authority, etc.) that participated in the RSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AFFIRMATION AND RELEASE
Sign and Date for all chosen coverages**

I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all the representations made by me on this form are true and correct. I understand that any misrepresentation may result in the forfeiture of insurance coverage and that I will be personally liable for all claims related to such misrepresentation. I further understand that there is mandatory utilization review and I do hereby give permission to release any information necessary to evaluate, administer, and process claims for benefits to any person, entity, or representative acting on the State's behalf.

I understand and acknowledge that it is my responsibility to notify the SEIB immediately when the eligibility of a covered dependent changes. If it is determined that an act on my part (such as adding an ineligible person to coverage) or omission (such as failing to remove a person no longer eligible for coverage) results in or contributes to the payment of claims for persons ineligible for coverage, I will be personally responsible for all such overpayments and shall be subject to disciplinary action, including termination of coverage.

Signature: _____ Date: _____

If any of the following advisors assisted you, check the box by their name: Genie Blake Michelle Dallas

COVERAGE OPTIONS

Health Plans available to non-Medicare eligible state retirees who are eligible for Other Group Health Insurance (OGHI) through a spouse, other employer or previous employer:

Supplemental Plan

The State Employees' Supplemental Plan (Supplemental Plan) is administered by Blue Cross Blue Shield of Alabama. Non-Medicare eligible state retirees enrolled in the Supplemental Plan can return to the State Employees' Health Insurance Plan (SEHIP) on the first day of any month:

- The Supplemental Plan is free for you and your eligible dependents.
- The Supplemental Plan pays for copays and/or deductibles that your primary OGHI does not cover 100%.
- Members enrolled in the Supplemental Plan can enroll in or continue dental, vision, and/or cancer coverage with the SEIB.

You may not enroll in the Supplemental Plan if your OGHI is with the State Employees' Health Insurance Plan (SEHIP), Public Education Employees Health Insurance Program (PEEHIP), Local Government Health Insurance Program (LGHIP), the Marketplace, TRICARE, Medicaid or Medicare. Also, OGHI plans with an in-network deductible higher than \$1,350 for individual or \$2,700 for family coverage are not eligible.

For more information, contact your SEIB Benefits Advisor or see the State Employees' Supplemental Coverage Plan handbook at www.alseib.org.

Optional Plan

The State Employees' Insurance Board Optional Insurance Plan (Optional Plan), administered by Southland Benefit Solutions, offers you four coverages in one. This option is free and provides the following benefits:

- The Optional Plan provides dental, vision, hospital indemnity, and cancer coverage, all in one.
- The dental benefits included in the Optional Plan include an extensive provider network with enhanced benefits.

You may not enroll in the Optional Plan if your OGHI is with the SEHIP or Medicaid. Retirees who decline coverage in the SEHIP and enroll in the Optional Plan may not enroll in the Supplemental Plan, Dental Plan, Vision Policy, Cancer Policy or PCO.

For more information, contact your SEIB Benefits Advisor or see the SEIB Optional Insurance Plan handbook at www.alseib.org.

State Employees' Health Insurance Plan

The State Employees' Health Insurance Plan (SEHIP), administered by Blue Cross Blue Shield of Alabama, is typically the plan non-Medicare eligible state retirees choose when they do not have OGHI coverage available through a spouse, other employer or previous employer. Members who choose this option:

- Pay a monthly premium.
- Pay copays and/or deductibles for health and pharmacy services.
- May be subject to wellness premiums, premiums for tobacco use and may be subject to a premium for adding a spouse as a dependent.

For more information, see the State Employees' Health Insurance Plan handbook at www.alseib.org.

Decline Health Coverage

State retirees also have the option to decline all health benefit options offered through the SEIB. Retirees who decline health coverage may apply for health coverage during annual open enrollment or as otherwise specified in the SEHIP handbook. The Affordable Care Act requires each individual to have basic health insurance coverage (known as minimum essential coverage), qualify for an exemption, or make a shared responsibility payment when filing his/her federal income tax return. Failure to enroll in the SEHIP or obtain other minimum essential coverage may result in personal financial penalties.

Health Plan available to non-Medicare eligible state retirees who are not eligible for Other Group Health Insurance (OGHI) through a spouse, other employer or previous employer:

State Employees' Health Insurance Plan

The State Employees' Health Insurance Plan (SEHIP), administered by Blue Cross Blue Shield of Alabama, is typically the plan non-Medicare eligible state retirees choose when they do not have OGHI coverage available through a spouse, other employer or previous employer. Members who choose this option:

- Pay a monthly premium.
- Pay copays and/or deductibles for health and pharmacy services.
- May be subject to wellness premiums, premiums for tobacco use and may be subject to a premium for adding a spouse as a dependent.

For more information, see the State Employees' Health Insurance Plan handbook at www.alseib.org.

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Health Plans available to Medicare-eligible state retirees who are eligible for Other Group Health Insurance (OGHI) through a spouse, other employer or previous employer:

Optional Plan

The State Employees' Insurance Board Optional Insurance Plan (Optional Plan), administered by Southland Benefit Solutions, offers you four coverages in one. This option is free and provides the following benefits:

- The Optional Plan provides dental, vision, hospital indemnity, and cancer coverage, all in one.
- The dental benefits included in the Optional Plan include an extensive provider network with enhanced benefits.

You may not enroll in the Optional Plan if your OGHI is with the SEHIP or Medicaid. Retirees who decline coverage in the SEHIP and enroll in the Optional Plan may not enroll in the Supplemental Plan, Dental Plan, Vision Policy, Cancer Policy or PCO.

For more information, contact your SEIB Benefits Advisor or see the SEIB Optional Insurance Plan handbook at www.alseib.org.

Medicare Advantage

Medicare Advantage (PPO) combines all of the benefits of the former retiree health and prescription drug coverage under one all-inclusive and convenient plan. You must be enrolled in both Medicare Part A and Part B to participate in Medicare Advantage. Members enrolled in Medicare Advantage will receive an Evidence of Coverage booklet that outlines the plan's eligibility, rules, regulations, and benefits. The Evidence of Coverage, a current drug formulary, a link to the participating pharmacy directory, and a link to the provider finder is available at www.alseib.org. Dependents who are not Medicare-eligible will remain on the current SEIB health and prescription drug plan and should retain their current ID card.

Decline Health Coverage

State retirees also have the option to decline all health benefit options offered through the SEIB. Retirees who decline health coverage may apply for health coverage during annual open enrollment or as otherwise specified in the SEHIP handbook. Medicare-eligible state retirees must also complete the Medicare Advantage MAPD-EGWP (SEHIP) Opt-Out Form to disenroll from Medicare Advantage. The Affordable Care Act requires each individual to have basic health insurance coverage (known as minimum essential coverage), qualify for an exemption, or make a shared responsibility payment when filing his/her federal income tax return. Failure to enroll in the SEHIP or obtain other minimum essential coverage may result in personal financial penalties.

Health Plan available to Medicare-eligible state retirees who are not eligible for Other Group Health Insurance (OGHI) through a spouse, other employer or previous employer:

Medicare Advantage

Medicare Advantage (PPO) combines all of the benefits of the retiree health and prescription drug coverage under one all-inclusive and convenient plan. You must be enrolled in both Medicare Part A and Part B to participate in Medicare Advantage. Members enrolled in Medicare Advantage will receive an Evidence of Coverage booklet that outlines the plan's eligibility, rules, regulations, and benefits. The Evidence of Coverage, a current drug formulary, a link to the participating pharmacy directory, and a link to the provider finder is available at www.alseib.org. Dependents who are not Medicare-eligible will remain on the current SEIB health and prescription drug plan and should retain their current ID card.

Decline Health Coverage

State retirees also have the option to decline all health benefit options offered through the SEIB. Retirees who decline health coverage may apply for health coverage during annual open enrollment or as otherwise specified in the SEHIP handbook. Medicare-eligible state retirees must also complete the Medicare Advantage MAPD-EGWP (SEHIP) Opt-Out Form to disenroll from Medicare Advantage. The Affordable Care Act requires each individual to have basic health insurance coverage (known as minimum essential coverage), qualify for an exemption, or make a shared responsibility payment when filing his/her federal income tax return. Failure to enroll in the SEHIP or obtain other minimum essential coverage may result in personal financial penalties.

Stand-alone Dental Plans available to state retirees:

BCBS Dental Plan (administered by BCBS)

Blue Cross Blue Shield of Alabama's Dental Network includes more than 1,750 dentists, approximately 89% of the dentists in Alabama. This managed care program provides diagnostic and preventive services covered at 100% of the preferred dental fee schedule with no deductible. It also provides basic and major services, including fillings, oral surgery, periodontics, endodontics, prosthodontics, and orthodontic services, subject to deductibles, co-pays, and an annual maximum benefit.

For more information, see the BCBS Dental Summary and the State Employees' Dental Insurance Plan handbook at www.alseib.org.

Southland Dental Plan (administered by Southland Benefit Solutions). Note: The Southland Dental Plan is included for free in the Optional Plan mentioned above, but, as a stand-alone policy, you must pay a premium:

Southland Benefit Solutions (Southland) provides a dental program with one of the largest dental networks in the State of Alabama. It is comparable in design to the BCBS Dental Plan with some differences in deductibles, co-pays, and maximum benefits available. It does not provide orthodontic benefits.

For more information, see the State Employees' Southland Dental Plan handbook at www.alseib.org.

Other stand-alone policies available to state retirees. Note: These policies are included for free in the Optional Plan mentioned above, but, as stand-alone policies, you must pay a premium:

Southland Cancer Policy

This policy helps offset the out-of-pocket costs you may incur with a qualifying cancer diagnosis. The policy pays a specified benefit for the following: hospital confinement, anesthesia, hospice care, ambulance, blood and plasma, nursing services, attending physician, prosthetic devices, radiation and chemotherapy, surgical procedures (payment varies depending on diagnosis). For costs and details of coverage, review the SEIB Cancer Policy handbook at www.alseib.org.

Southland Vision Policy

This policy helps offset the out-of-pocket costs associated with eye examinations, prescription lenses or contacts, and eyeglass frames. There is no network requirement, so you may utilize any eye care provider. The policy is subject to maximum benefits. Please review the SEIB Vision Policy handbook at www.alseib.org for additional costs and details of coverage.

GENERAL INFORMATION

Alabama Code § 36-29-1(16) defines Years of Creditable Coverage as the years and months that you were eligible for coverage under the State Employees' Health Insurance Plan prior to retirement. It is important to note that Years of Creditable Coverage is not the same as Years of Service calculated by the Retirement Systems of Alabama (RSA) to determine when you are eligible to retire. The SEIB uses your Years of Creditable Coverage to determine your eligibility and calculate your premium for health insurance coverage in retirement.

Eligible Dependent (Appropriate documentation must be attached.)

The term "dependent" includes the following individuals, subject to appropriate documentation (Social Security number, marriage certificate, birth certificate, court decree, etc.):

- Your spouse (excludes divorced or common-law spouse);
- A child under age 26, only if the child is:
 - your son or daughter,
 - legally adopted by you or your spouse, or
 - your stepchild, or
 - a dependent for whom you, or your spouse, has legal and physical custody granted by a court of competent jurisdiction.
- Your incapacitated dependent child* over age 25 will be considered for coverage provided the dependent is:
 - unmarried,
 - permanently mentally or physically incapacitated,
 - had the condition prior to the dependent's 26th birthday,
 - incapable of self-sustaining employment,
 - dependent on you for 50% or more financial support,
 - otherwise eligible for coverage as a dependent except for age,
 - covered as a dependent on your Plan immediately prior to the child's 26th birthday, and
 - not eligible for any other group health insurance benefits.

* The above requirements must be met to be eligible for coverage as an incapacitated child. The SEIB shall decide whether an application for incapacitated status will be accepted and final approval of incapacitation will be determined by Medical Review conducted by BCBS. The SEIB reserves the right to periodically recertify incapacitation. Neither a reduction in work capacity nor the inability to find employment is, of itself, evidence of eligibility. If a mentally or physically incapacitated child is employed, the extent of their earning capacity will be evaluated.

Ineligible Dependents

- Your spouse or other dependents if they are independently covered as a state employee unless they are employed as a professional civil engineer trainee with ALDOT and their employment is part of their educational training
- An ex-spouse, regardless of what the divorce decree may state
- Ex-stepchildren, regardless of what the divorce decree may state
- Your biological child if the child has been adopted by someone other than your spouse and you have been relieved of your parental rights and responsibilities
- Children age 26 and older
- Incapacitated children age 26 and older who do not meet the Incapacitated Child eligibility requirements listed above under Eligible Dependent
- A child of a dependent child•A daughter-in-law or son-in-law
- Grandchildren or other children related to the member by blood or marriage for which the member does not have legal and physical custody
- Grandparents
- Parents
- A fiancé or live-in girlfriend or boyfriend

Exclusion: You may not cover your spouse or other dependents if they are independently covered as a state employee.

IMPORTANT: To be eligible for the non-tobacco and/or wellness discount, you must submit a completed Non-Tobacco User Discount Application and meet the requirements of the Wellness Program. When adding a spouse to SEHIP coverage, a spousal surcharge of \$50 per month will be applied. To receive a discount you must submit a completed Spousal Surcharge Waiver Application (IB25). Forms are available at www.alseib.org.

Direct payment **MUST** be made for any premiums that will not be payroll deducted.