

STATE EMPLOYEES' HEALTH INSURANCE PLAN (SEHIP) YEARS OF CREDITABLE COVERAGE VERIFICATION FORM

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.

Please complete this form a few months before your planned retirement. The SEIB will use the information you provide on this form to determine your eligibility and estimate your premium for health insurance coverage in retirement. It is very important that you complete this form accurately.

Please provide the dates you were eligible for coverage in the SEHIP as a full-time employee. If you have breaks in your SEHIP eligibility, please attach a complete detailed record of your coverage periods, including all gaps in coverage.

Retiree Information			
Retiree's Name (First, Middle Initial, Last):			Retiree's Contract Number:
Street Address:	City:	State:	ZIP Code:
Mailing Address (If different from Street Address):	City:	State:	ZIP Code:
Home Phone Number:	Cell Phone Number:	E-Mail Address:	
SEHIP Eligibility Information			
Eligibility Begin Date:		Eligibility End Date:	
If you answer yes to any of the questions in this section, please contact our office as soon as possible to verify your Years of Creditable Coverage:			
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	
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	
If you participated in DROP, please provide the dates of your DROP participation:			
DROP Begin Date:		DROP End Date:	
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 misrepresentation, plus interest.			
Retiree Signature: _____		Date: _____	