

Retiree Medical/Dental Enrollment Form

Last Name	First Name	(M.I.)
Street Address		
City	State	Zip Code
Date of Birth	Date of Hire	Date of Retirement
		Telephone #

Social Security # – If you are over age 65 include your Medicare Health Insurance Claim Number (HICN).

MEDICAL COVERAGE

- I decline Retiree Medical coverage and acknowledge that neither I nor any of my eligible dependents will be given another opportunity to elect medical coverage under the Retiree Health Plan.
- I elect Option 1 (Basic Retiree Medical coverage).
- I elect Option 2 (Basic Retiree Medical *Plus* Supplement) and acknowledge that either I *and/or* my spouse (or qualified same-sex domestic partner) are Medicare eligible. I agree to make the required contributions.

Check the medical coverage type desired:

- Single Family

DENTAL COVERAGE

- I decline Retiree Dental coverage and acknowledge that neither I nor any of my eligible dependents will be given another opportunity to elect dental coverage under the Retiree Health Plan.
- I elect Retiree Dental coverage. I agree to make the required contributions.

Check the dental coverage type desired:

- Single (you alone) You and one family member You and two or more family members

Coverage For Your Family Members – If you elect family coverage under the Retiree Health Plan, list the name, Social Security Number, birth date and relationship of each eligible family member below. If a family member is over age 65 include their Medicare Health Insurance Claim Number (HICN).

Name (Last, First, M.I.)	Social Security #	Birth Date (Month/Day/Year)	Relationship to Retiree
	Medicare Health Insurance Claim Number (HICN)		

YOUR SIGNATURE

I agree to accept all the terms and conditions of the Retiree Health Plan. I authorize Montefiore to continue these elections in effect until I change them or become ineligible for coverage.

Signature _____ Date _____

Complete this form and send a copy to:

Montefiore Medical Center – HR-Benefits Office
 111 East 210th Street Bronx, NY 10467-2490.
 T 914.378.6531 F 914.378.6584
 Email: montebenefits@montefiore.org

