Office of Management and Enterprise Services
Employees Group Insurance Division
APPLICATION FOR RETIREE/VESTED/NON-VESTED/DEFER INSURANCE COVERAGE

RETIREMENT SYSTEM ☐ **OPERS** ☐ **TRS** ☐ **OLERS** ☐ **OTHER**

My Member Status Will Be: ☐ Retiree ☐ Vested ☐ Non-Vested ☐ Defer*

*Refer to Defer Instructions on Page 3 - Spouse's SSN or Member ID # _____

☐ Cancel My Deferment and Reinstate My Retiree/Vested/Non-Vested Insurance Coverage

MEMBER INFORMATION

SSN or Member ID # _____ Member's Birth Date _____ Gender ☐ Male ☐ Female

Member's Name _____ Employer _____
First M.I. Last

Mailing Address _____
Street City State ZIP Code

Phone # _____ Alt Phone #_____ Email Address_____

Last Date of Employee Insurance Coverage	Mo.		Day		Yr.	

Vested / Non-Vested Insurance Effective Date	Mo.		Day		Yr.	
			0	1		

Retirement Insurance Effective Date	Mo.		Day		Yr.	
			0	1		

MEMBER HEALTH PLAN ☐ Add/Keep ☐ Drop ☐ Defer

Health Plan Name: _____ ☐ Check if Medicare Eligible (See Note)
Employee Primary Physician (HMO Only): _____
☐ Current Patient ☐ New Patient

NOTE: If you and/or your dependents are eligible for Medicare, an additional application must be completed. Please contact EGID Member Services to request an application.

MEMBER DENTAL PLAN ☐ Add/Keep ☐ Drop ☐ Defer

Dental Plan Name: _____
Employee Primary Dentist (Prepaid Only): _____
☐ Current Patient ☐ New Patient

For EGID Use Only

MEMBER VISION PLAN ☐ Add/Keep ☐ Drop ☐ Defer

Vision Plan Name: _____

MEMBER LIFE INSURANCE

You can keep a minimum of $5,000 up to the total amount of your current life insurance. You cannot enroll in more life insurance than you currently have. You must keep life insurance on yourself to be able to keep life insurance on your dependents. It is important to consider future life insurance needs because increases cannot be made after this election.
***Defer** – Life insurance **cannot be deferred** and must be carried as a primary retiree/vested member. You can only defer your health, dental and/or vision coverage.

☐ I elect to keep $ _____ ($5,000 to $40,000 in $5,000 units) of member life insurance at a flat rate per $1,000 of coverage.
☐ I elect to keep $ _____ (amount above $40,000 in $5,000 units) of additional life insurance.

DEPENDENT INFORMATION

NOTE: If you and/or your dependents are eligible for Medicare, an additional application must be completed. Please contact EGID Member Services to request an application. You cannot add dependent life if you do not already have it. The dependent life amount must be the same for each child, though the amount for your spouse can be different.

SPOUSE

	Add/Keep	Drop	
Health	☐	☐	Name: _____ ☐ Check if Medicare eligible
Dental	☐	☐	SSN: _____ Date of Birth: _____ ☐ Male ☐ Female
Vision	☐	☐	Primary Physician: _____ ☐ Current Patient ☐ New Patient (HMO Only)
*Dep Life	☐	☐	Primary Dentist: _____ ☐ Current Patient ☐ New Patient (Prepaid Only)

*I elect to keep $_____ (in $500 units) of dependent life insurance.

Does your spouse have health, dental and/or vision coverage through EGID? ☐ Yes ☐ No (If yes, list Name and SSN above)

CHILD

	Add/Keep	Drop	
Health	☐	☐	Name: _____ ☐ Check if Medicare eligible
Dental	☐	☐	SSN: _____ Date of Birth: _____ ☐ Male ☐ Female
Vision	☐	☐	Primary Physician: _____ ☐ Current Patient ☐ New Patient (HMO Only)
*Dep Life	☐	☐	Primary Dentist: _____ ☐ Current Patient ☐ New Patient (Prepaid Only)

*I elect to keep $_____ (in $500 units) of dependent life insurance.

CERTIFICATION SIGNATURES

☐ I authorize EGID to deduct the amount of my premiums from my retirement check according to Administrative Rule 260:50-3-5. (You must verify with your retirement system that your retirement check will cover your premiums.)

☐ I request EGID direct bill me for my monthly premiums at the mailing address on this form.

Spouse must sign if 1.) being excluded from health/dental and/or 2.) a common-law spouse.

☐ **Spouse Exclusion Certification:** I certify that I am aware **I am being excluded from health and/or dental coverage as indicated on this form.** I am also aware that I cannot be added to coverage at a later date except within 30 days of the loss of other group coverage. (Required only if children are covered and spouse is not.)

☐ **Common-Law Spouse Certification:** I certify that the person listed as my spouse and I have an actual and mutual agreement between ourselves to be married; that this is a permanent relationship; and that our relationship is exclusive, as proven by our cohabitation as spouses; and do hereby hold ourselves out publicly as married. **I am aware that this relationship can be dissolved only by legal divorce.**

Spouse Signature:_____ **Date:** _____

I understand that no coverage, except vision, can be added at a later date.

Member Signature: _____ **Date:** _____

Retirement information can be found at www.sib.ok.gov.

You can carry health, dental, vision and life insurance on yourself and your dependents.

The health, dental and life coverage that you take into retiree/vested/non-vested status is the only coverage you can have with EGID through your retirement years. If you do not keep coverage now, you cannot add it later. Plan changes can be made during the annual Option Period.

If you are insuring one dependent, you must insure all eligible dependents (for any given coverage) unless they are covered by other group insurance, or Indian or military benefits. Children who have Indian or military benefits or other group insurance may be required to show proof of coverage.

Following your retirement, dependents can be added only within 30 days of one of the following events: birth, adoption or guardianship, marriage or loss of other group insurance.

***DEFER INSTRUCTIONS** If your spouse has separate coverage through EGID at the time you terminate employment, you can transfer your individual health, dental and/or vision coverage to dependent coverage under your spouse's coverage. Your spouse must contact their employer to add you as a dependent. You must elect to transfer coverage within 30 days of your termination of employment. Any 30-day break in coverage voids your eligibility to keep coverage in the future. Life insurance cannot be deferred and must be carried as a primary retiree/vested/non-vested member. When you are ready to return to retiree/vested/non-vested status, you must again complete this form and mark the box on page 1 of your form to cancel your deferment.

THINGS TO CONSIDER AS A RETIREE WHEN YOU BECOME MEDICARE ELIGIBLE

IMPORTANT: If you are under age 65 and eligible for Medicare, you must notify EGID and provide your Medicare Claim Number as it appears on your Medicare card. Medicare supplement coverage is effective the date you become eligible for Medicare, or the 1st day of the month following notification of your Medicare eligibility, whichever is later.

When you turn age 65, if you are enrolled in HealthChoice pre-Medicare health coverage, you will be eligible to enroll in a HealthChoice SilverScript Medicare supplement plan. If you are enrolled in another HMO, you will be eligible to enroll in their Medicare Advantage Prescription Drug (MA-PD) plan, if available.

All MA-PD plans offered through EGID require you to have both Medicare Part A and Medicare Part B.

If you are eligible and do not enroll in Medicare Part B, there are two plans available to you: HealthChoice SilverScript High Option Medicare Supplement Plan and HealthChoice SilverScript Low Option Medicare Supplement Plan. All medical benefits under these plans are paid as if you are enrolled in both Medicare Part A and Part B. If you are not enrolled in Medicare Part B, your plan will estimate Medicare's benefits and provide supplemental coverage as if Medicare is the primary carrier. This means HealthChoice pays secondary and you are responsible for the primary share of the claim.

If you didn't enroll in Part B when you first became eligible, your monthly premium amount for Part B may be higher due to a late enrollment penalty. The Part B premium is separate from your HealthChoice premium.

For information concerning HMO, MA-PD, Medicare supplement, dental or vision plans, contact their customer service numbers.

For information regarding enrollment, or to obtain an application for a
Medicare supplement plan or MA-PD plan, contact:
Office of Management and Enterprise Services
Employees Group Insurance Division
P.O. Box 58010, Oklahoma City, OK 73157-8010
405-717-8780 or toll-free 800-752-9475 or TDD 405-949-2281 or toll-free 866-447-0436