



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**OTHER POST-EMPLOYMENT BENEFITS (OPEB):  
 APPLICATION**



Select: 

	Retirement Enrollment		Qualifying Life Event Change		Waive/Cancel Coverage		Open Enrollment
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Select: 

	Police/Fire/Teacher		401(a)
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EMPLOYEE INFORMATION					
Last Name		First Name		MI	
Mailing Address (Street, #)		City	State	Zip	
Phone (XXX-XXX-XXXX)	Email	DOB (MM/DD/YYYY)	SSN (XXX-XX-XXXX)	Gender	
Employee ID	Agency	Title/Position			

**COMMERCIAL INSURANCE:** An employee or family member cannot be covered under more than one DCEHB enrollment.

Effective Date	End Date (Only applicable if employee is enrolling in Medicare immediately thereafter)

Coverage Tier			<i>*Must meet 29 DCMR 8001.1</i>
<input type="checkbox"/> Self	<input type="checkbox"/> Self + Family	<input type="checkbox"/> Domestic Partner* (partner + family)	
<input type="checkbox"/> Self + 1	<input type="checkbox"/> Domestic Partner* (partner only)	<input type="checkbox"/> I Waive Health Coverage	

Carrier			
<input type="checkbox"/> Aetna CDHP <input type="checkbox"/> Aetna HMO <input type="checkbox"/> Aetna PPO	<input type="checkbox"/> Kaiser Permanente HMO	<input type="checkbox"/> CareFirst HMO <input type="checkbox"/> CareFirst PPO	<input type="checkbox"/> UnitedHealthcare HMO <input type="checkbox"/> UnitedHealthcare PPO

**Dependents:** List all individuals to be covered. Medical coverage is available to dependents up to age 26.  
**Please Note:** You are responsible for notifying DCHR or DCRB once your dependent has reached the age of 26 or that the child is incapable of self-support because of a mental or physical disability that existed before age 26.

Relation Code: 1=Spouse 2=Son 3=Daughter 4=Domestic Partner 5=Surviving Dependent

Name (first, last)	Rel.	Gender	DOB	SSN

**MEDICARE COVERAGE:** An employee or family member cannot be covered under more than one DCEHB enrollment.

Effective Date

**Coverage Tier** \*Must meet 29 DCMR 8001.1

Self	Domestic Partner* ( <i>partner only</i> )
Self + 1	

**Carrier**

Aetna Medicare Advantage PPO*	Kaiser Permanente Medicare Advantage HMO*	CareFirst Medicare Advantage PPO*	UnitedHealthcare Medicare Advantage PPO*
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**\*Additional Medicare Application Necessary for Medicare Advantage Plans**

**Dependent:** Each enrollee must be Medicare eligible. If a dependent is not Medicare eligible, the retiree may not enroll in a Medicare Advantage plan and must stay in a current non-Medicare plan.

Spouse Name ( <i>first, last</i> )	Gender	DOB	SSN

**ACKNOWLEDGEMENT**

**In making this election I understand:** I cannot change or revoke this enrollment at any time during the year for which this election is made unless I have a change in status (including marriage, divorce, death of a spouse/child, birth/adoption). I have 31 days from my separation date to make my first insurance payment to the carrier. Failure to make timely payments will result in my benefits being cancelled.

**If you are a retired employee age 65 or older,** Medicare will serve as the primary insurance carrier regardless of your Medicare Part B enrollment status. DC Government will serve as the secondary payer and will apply the deductibles, copayments, and other plan limits and pay the remaining charges minus what Medicare Part B would have paid. You will be responsible for any charges not covered by the DC Government plan.

*Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agency Official: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

**HR Personnel Only**

Retirement Date:	Active DCHEB Termination Date:	OPEB Coverage Effective Date:

**DCRB Personnel Only**

Date Processed by DCRB:	DCRB Rep. (In Print):	DCRB Rep. Signature:

<b>CONTACT</b>	
<b>DCHR Benefits &amp; Retirement Administration</b> 1015 Half Street, SE, 9th Floor Washington, DC 20003	202.442.7627 <a href="mailto:dchr.retirement@dc.gov">dchr.retirement@dc.gov</a> <a href="http://dchr.dc.gov">dchr.dc.gov</a>