GOVERNMENT OF THE DISTRICT OF COLUMBIA

OTHER POST-EMPLOYMENT BENEFITS (OPEB): APPLICATION

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

Select:		Police/Fire/Teacher		401(a)

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					**Must meet 29 DCMR 8001.1*
	Self		Self + Family		Domestic Partner* (partner + family)
	Self + 1		Domestic Partner* (partner only)		I Waive Health Coverage

Carrier							
	Aetna CDHP Aetna HMO Aetna PPO		Kaiser Permanente HMO		CareFirst HMO CareFirst PPO CareFirst CDHP		UnitedHealthcare HMO 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* (*partner only*)				
	Self + 1						
Carrier							
	Aetna Medicare Advantage PPO*		Kaiser Permanente Medicare Advantage HMO*		CareFirst Medicare Advantage PPO*		UnitedHealthcare Medicare Advantage PPO*
***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 (*first, last*)	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:

CONTACT

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