ARLINGTON
VIRGINIA

Retiree Health Insurance Enrollment/Change Form

Open Enrollment: May 3- 21, 2021 (Changes Effective July 1, 2021)

Instructions: Complete this form if you are making changes to your medical coverage for Open Enrollment for a **Pre-Medicare plan only**. If you are not making any changes, do not complete this form as no action is required.

Retiree Name:	SSN Last 4:	Date of Birth (MM/DD/YY):
Mailing Address:	City:	State, Zip:
Main Phone:	Email Address:	

Type of Change:	**Plan Selection:**	**Level of Coverage:**
☐ Enroll in Coverage / Change Plans	☐ Cigna OAP-In Copay	☐ Retiree only
☐ Add Dependents	☐ Cigna OAP-In Coinsurance	☐ Retiree + Spouse
☐ Remove Dependents	☐ Kaiser Permanente	☐ Retiree + Child(ren)
☐ Cancel Coverage		☐ Family

Please indicate any changes impacting your eligible dependents below:

☐ Add ☐ Remain ☐ Remove	Spouse Name:		SSN:	Date of Birth (MM/DD/YY)	☐ Male ☐ Female
☐ Add ☐ Remain ☐ Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	☐ Male ☐ Female
☐ Add ☐ Remain ☐ Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	☐ Male ☐ Female

Other Health Insurance Coverage:

Do you or your dependents have other medical insurance under a group plan, Medicare, or Medicaid? ☐ Yes ☐ No

If yes, please provide the following:

Name of Person Covered:	Additional Coverage:	Effective Date:
	☐ Other Medical Plan _____ ☐ Medicare Part A ID# _____ ☐ Medicare Part B ID# _____ ☐ Medicaid	

Required Documentation:

For any dependents being added to a medical plan, please return documentation of relationship status with your enrollment form. Please note, this is not a complete list. You can view the entire list by going to arlingtonva.us/retirement

Dependent:	Required Documentation:
Spouse (Note: common law spouses and domestic partners are ineligible)	• First and last page of most recent federal tax return if filing jointly **OR** • First and last page of most recent federal tax return if filing separately **AND** government-issued marriage certificate
Child under age 26	• Government-issued birth certificate **OR** • Hospital-issued birth certificate/letter (for child up to two months old)
Stepchild of your current marriage	• Government-issued birth certificate **AND** • Most recent federal tax return if filing jointly **OR** • Most recent federal tax return if filing separately **AND** government-issued marriage certificate

Retiree Certification: *The information provided above is true to the best of my knowledge. I agree to provide required documentation in order to verify my relationship with eligible dependents covered on the insurance plan.*

Retiree's Signature: Date:

RETURN COMPLETED FORM TO

Email: benefits@arlingtonva.us / Address: HR-Benefits, 2100 Clarendon Blvd, Suite 511, Arlington, VA 22201 / Fax: (703) 228-3775