Retiree Health Insurance Enrollment/Change Form

Open Enrollment: April 28 - May 16, 2025 (Changes Effective July 1, 2025)

Return your completed form by May 16, 2025

Instructions: Complete this form if you are making changes to your medical coverage.

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	☐ UnitedHealthcare Medicare Advantage (include copy of Medicare card)	☐ Retiree only
☐ Add Dependents	☐ Cigna OAP-In Coinsurance		☐ Retiree + Spouse
☐ Remove Dependents	☐ Cigna Choice	☐ Kaiser Permanente Medicare Advantage (separate application required; available at www.arlingtonva.us/retirement)	☐ Retiree + Child(ren)
☐ Cancel Coverage	☐ Kaiser Permanente HMO		☐ 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(s) Covered:	Additional Coverage:	Effective Date:
	☐ Other Medical Plan _____ ☐ Medicare 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) 228-3265