



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/Vest/Non-Vest 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

MEMBER VISION PLAN ☐ **Add/Keep** ☐ **Drop** ☐ **Defer**

Vision Plan Name: _____

For EGID Use Only

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.

☐ 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