

# Forms You Must Complete to Continue Insurance When You Leave Active Employment

Insurance Forms	If You Are a Pre-Medicare Member	If You Are a Member Enrolling in a Medicare Supplement Plan	If You Are a Member Enrolling in a Medicare Advantage Prescription Drug (MA-PD) Plan
<i>Application for Retiree/Vested/ Non-Vested/ Defer Insurance Coverage</i>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<i>Application for Medicare Supplement with Part D</i>	<b>No</b>	<b>Yes</b> Each Enrollee Must Complete an Application	<b>No</b>
<i>Application for Medicare Advantage Prescription Drug (MA-PD) Plan</i>	<b>No</b>	<b>No</b>	<b>Yes</b> Each Enrollee Must Complete an Application
<i>Beneficiary Designation Form</i> (If Continuing Life Insurance Coverage)	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

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