

## Princeton Medicare Health Plan Election Form for Retirees Over Age 65

Name (please print): \_\_\_\_\_  
Last First MI

Employee ID Number: \_\_\_\_\_ Medicare ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
MM DD YYYY Area Code

Address: \_\_\_\_\_  
Street Apt/Building

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**HEALTH PLAN ELECTION:**

*Check One:*

- Princeton Medicare Plan**  
 **Waiver\***

For OHR Office Use:  
[RETPMP]

\* I understand that if I waive coverage that I am **not eligible** to enroll myself into the Plan at a later time.

**VISION ELECTION:** - Once enrolled, you may not terminate your coverage mid-year

*Check One:*

- MetLife Vision Plan**  
 **Waiver**

For OHR Office Use:  
[RETVCP]

**Dependent Information:** If dependent coverage is requested, provide the following information and check the box (medical and/or vision) to assign your dependent(s) to that plan:

Name of Dependent	Date of Birth (Required)	Social Security Number(Required)	Medicare ID Number**	Relationship	Medical	Vision

\*\*Only applicable if your dependent is Medicare eligible.

**Spouse's Age as of Coverage begin Date:** My spouse is:  Under age 65  Age 65 or Over

If you have a spouse that is still working and has medical coverage through his/her employer, you can delay enrolling your spouse onto the retiree medical plan for up to five years from the date you retire. We will require proof of your spouse's other coverage at the time of your retirement. In order to enroll your spouse within the 5 year window, we require proof of loss of coverage unless it is during the annual Open Enrollment period or at the end of the 5 year period. Please note that if you have eligible dependents (child, legal ward or foster child) other than a spouse, and do not enroll those dependents onto your retiree medical coverage at the time you retire, you cannot enroll them at a later date. Please contact the Benefits Team for additional information.

I have elected or waived coverage of the Princeton University benefit plans, which I have selected on this enrollment form. I attest that those individuals covered as dependents are in fact my dependents as defined under Princeton University's Plans, if applicable. I understand that I will be billed directly for the coverage, where applicable. I understand that if I waive coverage or remove a dependent that I am ineligible to enroll myself or a dependent into the retiree medical plan at a later time; nor can I enroll a new dependent at a later time.

I understand that I may revoke this election only as permitted by the terms of the applicable benefit plans.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RATE INFORMATION ON REVERSE**

## 2020 Retiree Princeton Medicare Plan Monthly Premiums For Retirees Age 65 and Over

The rates on the following chart are based on your age and the age of your spouse, if applicable.

	<b>Retiree Only</b>	<b>Retiree &amp; Child(ren)</b>	<b>Retiree &amp; Spouse</b>	<b>Retiree &amp; Family</b>
<i>If retiree and spouse (if applicable) are both over 65:</i>				
<b>Princeton Medicare Plan</b>	\$110.00	\$270.00	\$230.00	\$380.00
<b>MetLife Vision Plan</b>	\$12.90	\$23.64 = (& 1 child*)	\$23.64	\$30.28
<i>If retiree is over 65 and spouse (if applicable) is under 65:</i>				
<b>Princeton Medicare Plan</b>	\$110.00	\$270.00	\$340.00	\$490.00
<b>MetLife Vision Plan</b>	\$12.90	\$23.64 = (& 1 child*)	\$23.64	\$30.28

**\*If you are enrolling more than one child, you must elect Retiree and Family.**