



GOVERNMENT OF THE DISTRICT OF COLUMBIA
**OTHER POST-EMPLOYMENT BENEFITS (OPEB):
 APPLICATION**



Select:

	Retirement Enrollment		Qualifying Life Event Change		Waive/Cancel Coverage
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Select:

	Police/Fire/Teacher		401(a)
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EMPLOYEE INFORMATION					
Last Name		First Name		MI	
Mailing Address (Street, #)		City	State	Zip	
Phone (XXX-XXX-XXXX)	Email	DOB (MM/DD/YYYY)	SSN (XXX-XX-XXXX)	Gender	
Employee ID	Agency	Title/Position			

COMMERCIAL INSURANCE: An employee or family member cannot be covered under more than one DCEHB enrollment.

Effective Date	End Date (Only applicable if employee is enrolling in Medicare immediately thereafter)

Coverage Tier			*Must meet 29 DCMR 8001.1
Self	Self + Family	Domestic Partner* (partner + family)	
Self + 1	Domestic Partner* (partner only)	I Waive Health Coverage	

Carrier			
Aetna CDHP	Kaiser Permanente HMO	CareFirst HMO	UnitedHealthcare HMO
Aetna HMO		CareFirst PPO	UnitedHealthcare PPO
Aetna PPO			

Dependents: List all individuals to be covered. Medical coverage is available to dependents up to age 26.
Please Note: You are responsible for notifying DCHR or DCRB once your dependent has reached the age of 26 or that the child is incapable of self-support because of a mental or physical disability that existed before age 26.

Relation Code: 1=Spouse 2=Son 3=Daughter 4=Domestic Partner 5=Surviving Dependent

Name (first, last)	Rel.	Gender	DOB	SSN

MEDICARE COVERAGE: An employee or family member cannot be covered under more than one DCEHB enrollment.				
Effective Date				
Coverage Tier				<i>*Must meet 29 DCMR 8001.1</i>
Self	Domestic Partner* (<i>partner only</i>)			
Self + 1				
Carrier				
Aetna Medicare Advantage PPO*	Kaiser Permanente Medicare Advantage HMO*	CareFirst Medicare Advantage PPO*	UnitedHealthcare Medicare Advantage PPO*	
*Additional Medicare Application Necessary for Medicare Advantage Plans				
Dependent: Each enrollee must be Medicare eligible. If a dependent is not Medicare eligible, the retiree may not enroll in a Medicare Advantage plan and must stay in a current non-Medicare plan.				
Spouse Name (<i>first, last</i>)		Gender	DOB	SSN

ACKNOWLEDGEMENT	
<p>In making this election I understand: I cannot change or revoke this enrollment at any time during the year for which this election is made unless I have a change in status (including marriage, divorce, death of a spouse/child, birth/adoption). I have 31 days from my separation date to make my first insurance payment to the carrier. Failure to make timely payments will result in my benefits being cancelled.</p> <p>If you are a retired employee age 65 or older, Medicare will serve as the primary insurance carrier regardless of your Medicare Part B enrollment status. DC Government will serve as the secondary payer and will apply the deductibles, copayments, and other plan limits and pay the remaining charges minus what Medicare Part B would have paid. You will be responsible for any charges not covered by the DC Government plan.</p> <p><i>Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.</i></p>	
Signature:	Date:
Signature of Authorized Agency Official:	Date:
Agency:	

HR Personnel Only		
Retirement Date:	Active DCHEB Termination Date:	OPEB Coverage Effective Date:

DCRB Personnel Only		
Date Processed by DCRB:	DCRB Rep. (In Print):	DCRB Rep. Signature:

CONTACT	
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