PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION

ANNUITANT HEALTH CARE PROGRAM (AHCP) INITIAL ENROLLMENT FORM

TRANSACTION DETAILS (COMPLETED BY HUMAN RESOURCES)

GROUP #	BARGAINING UNIT	PERSONNEL #	HEALTHCARE PREMIUM	DATE OF RETIREMENT	AHCP EFFECTIVE DATE

DEMOGRAPHIC INFORMATION (COMPLETED BY EMPLOYEE)

ANNUITANT NAME

HOME PH #

BIRTH DATE

CELL PH #:

SOCIAL SECURITY #

PERSONAL EMAIL ADDRESS
**All communications will be sent via email, if provided.*

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY

NOTE 1: Any Medicare-eligible retiree/dependent is required to enroll in Medicare Part A and Medicare Part B in order to be enrolled in Annuitant Health Care Coverage. Please provide copies of Medicare ID cards for review.

Retiree's Medicare Insurance #

Med. Part A Eff. Date

Med. Part B Eff. Date

NOTE 2: You will be enrolled once your lifetime annuity has been established (or verified) with your State System retirement plan (ARP, PSERS, or SERS).

- If your retirement plan is ARP or PSERS, your AHCP premiums will be deducted from your designated bank account. You are required to complete the banking form: **https://www.passhe.edu/hr/benefits/retirees/documents/autodebit-banking-form.pdf.**
- If your retirement plan is SERS, your AHCP premiums will be deducted from your monthly pension payments.

DEPENDENTS COVERED UNDER MY ANNUITANT HEALTH CARE PLAN (COMPLETED BY EMPLOYEE)

	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
GENDER	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
RELATIONSHIP	***Valid relationships types: spouse, child, stepchild, foster child, legal dependent; other than spouse, all other dependents age 19 - 25 must be full time students***				
NAME (Last, First, MI)					
DATE OF BIRTH					
SOCIAL SECURITY #					
DEP. MEDICARE INS #					
MEDICARE EFF. DATES (If applicable)	PART A: PART B:	PART A: PART B:	PART A: PART B:	PART A: PART B:	PART A: PART B:
HAS OTHER HEALTH INSURANCE?	☐ Yes, provide info. in remarks below	☐ Yes, provide info. in remarks below	☐ Yes, provide info. in remarks below	☐ Yes, provide info. in remarks below	☐ Yes, provide info. in remarks below

NOTE 3: You will be enrolled in the AHCP health care coverage in which you are eligible based upon your bargaining unit, retirement date, and Medicare eligibility. The Freedom Blue PPO plan adheres to rules established by the Centers for Medicare and Medicaid Services (CMS) regarding when coverage may begin/end. The Freedom Blue PPO plan coverage only begins on the start of a calendar month. Upon verification of a lifetime annuity, retirees and their dependents listed above may be enrolled into interim AHCP coverage through the end of month in which they retired. At the start of the following calendar month, the retiree and dependents listed above will be enrolled in the appropriate AHCP coverage (pre-Medicare PPO or Freedom Blue PPO). Retirees will be charged the applicable AHCP premiums for their post-retirement health care coverage.

REMARKS:

AUTHORIZATION FOR APPLICATION FOR ENROLLMENT: I request the above enrollment for insurance coverage in the Annuitant Health Care Program. *I understand no changes can be made to this coverage except during the Annuitant Health Care Open Enrollment in November of each year , or when a qualified life event occurs.* I also understand this application is subject to approval by the Plans, and my coverage will be subject to the terms of the agreement issued to the Pennsylvania State System of Higher Education Health Care Programs. Any person or operation having provided or who may provide health care services to me or any person named on this application either prior to or during this contract is authorized to furnish to the Plans any information or records relating to these services. Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance or statement or claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. *I understand I may be personally liable for any claims paid on behalf of an ineligible dependent.*

ANNUITANT SIGNATURE	DATE (MM/DD/YYYY)	

The following categories of individuals may be eligible for coverage under the State System Annuitant Health Care Program:

- Legal Spouse
- Unmarried Dependent child under 19 years of age who meets one of the following requirements:
  - A natural child of your own
  - A legally adopted child (including a child living with you during the probation period)
  - A stepchild living with you
  - A child who is living with and being solely supported by you and for whom you are the legal guardian
  - A foster child, if you were the child's legal guardian, or foster parent prior to the child's 18th birthday (foster children under age 18 are not eligible dependents)
  - A child being supported by you under a court order as a result of a divorce decree
  - A newborn child of yours from the moment of birth to a maximum of 31 days from date of birth. To be covered as a Dependent beyond the 31-day period, the newborn child must be added as a Dependent through the Annuitant Health Care Program office (717) 720-4153
  - Unmarried dependent child 19 to 25 years of age who meets all of the following requirements:
    - Enrolled in and attending as a full-time student at a recognized course of study or training;
    - Not employed on a regular full-time basis; and
    - Not covered under any group insurance plan or prepayment plan through the student's employer.
  - Unmarried Dependent child 19 years of age or older who is incapable of self-support because of a physical or mental disability that commenced before the age of 19.

When Can I Make Changes To My Covered Dependents?

Outside of open enrollment, if you experience a qualifying life event you may have the opportunity to add or remove dependents from your coverage, or make other changes to your benefit elections. You will need to notify the Annuitant Health Care Program office at (717) 720-4153 within **60 days** of the event occurring. Below are some of the more common examples.

- **Removing Dependents**

  You are required to contact the Annuitant Health Care Program office (717) 720-4160 and remove a dependent who is no longer eligible for State System insurance coverage under the following situations:
  - Covered child attains age 19 and is not a full-time student (as designated above) (unless disabled)
  - Covered child attains age 25 (unless disabled)
  - Divorce (removal of spouse and stepchildren)
  - Death of a dependent

- **Adding Eligible Dependents**

  You may add a dependent to your health care coverage due to a qualifying life event. You must notify the Annuitant Health Care Program office (717) 720-4160 and submit the enrollment change form within **60 days** of the qualifying life event.
  - You gain a dependent through birth or adoption
  - You get married
  - Your dependent loses coverage under another employer's plan
  - Your dependent loses eligibility for coverage in a Medicare plan, a Medicaid plan or a state children's health insurance program

- **Other Plan Enrollment Changes**

  You must notify the Annuitant Health Care Program office at (717) 720-4160 and submit the enrollment change form within **60 days** of the qualifying life event.
  - You lose coverage under your spouse's plan
  - You are enrolled in a plan option that is no longer available, or is substantially reduced