Retiree Request for Change of Healthcare and/or Tuition Discount Form

Please note: Termination requests will be made effective the 1st of the following month from the receipt date of this signed and dated form.

Retiree Name – Please Print ___________________________  PSU ID # ___________________________

/ / ___________________________ Date of Birth ___________________________ Home Phone ___________________________

Home Address ___________________________

Retiree Healthcare Coverage:

My choice for Healthcare Coverage is:

☐ NO COVERAGE

*CAUTION – If you refuse the retiree healthcare coverage for yourself, you will not be permitted to enrolled in the retiree healthcare plan through Penn State at a future date*

☐ Retiree Only  ☐ Retiree and Child/Children

☐ Retiree and Spouse  ☐ Retiree and Family

Plan:

☐ Retiree Lion Advantage  ☐ Retiree Lion Traditional  ☐ Freedom Blue

If switching medical plans upon retirement, any prior deductible or coinsurance amounts WILL NOT transfer to your new plan enrollment.

Adding a Dependent to Healthcare Coverage:

Retiree dependent coverage can be added only if the eligible dependent experiences an IRS qualifying life event change. Changes must be requested within 31 days of the event. The following are examples of IRS-defined life event changes:

- Employee’s legal marital status changes, due to marriage, divorce, legal separation, or the death of a spouse.
- Changes in employment status of a spouse, which can include the ending of their employment, new or different working hours resulting in a change of their employer-sponsored benefits.
  - *If reason for change is due to Loss of Coverage, you must also provide a copy of benefit plan cancellation from the former employer or former insurance carrier.*

Eligible dependents are defined as a spouse, children up to the age of 26, or disabled children as certified by the insurance carrier. Dependent coverage under the healthcare plan may apply to retiree and spouse, retiree, and child(ren), or retiree and family.

Description of eligible dependents: [https://ohr.psu.edu/benefits/eligible-dependents](https://ohr.psu.edu/benefits/eligible-dependents).

If adding dependent(s) that will be enrolled in Highmark in which the retiree and/or no other dependent(s) are currently enrolled in, please select the applicable plan below. If a retiree and/or dependent(s) are already enrolled in a non-Freedom Blue Highmark plan, you cannot switch plans at this time. For information regarding the plan options, please visit: [https://hr.psu.edu/retiree/benefits](https://hr.psu.edu/retiree/benefits).

Plan for non-Freedom Blue dependent(s):

☐ Retiree Lion Advantage  ☐ Retiree Lion Traditional

Reason for change:

☐ Adoption  ☐ Divorce  ☐ Newborn

☐ Deceased  ☐ Loss of Coverage  ☐ Other Coverage

☐ Dependent Child Age 26  ☐ Marriage  ☐ Stepchild(ren) No Longer Eligible

☐ Other – Reason Not Listed (provide explanation)
Adding a Dependent to Healthcare Coverage or Tuition Discount Benefits

Effective date of change (date of the event): ______/______/______ Will be effective as of the date of the qualifying event.

Removing a Dependent from Healthcare Coverage or Tuition Discount Benefits

Effective date of change: ______/______/______ Will be removed the first of the month following receipt of form.

Please list all eligible members you are making a change for healthcare, dental, and/or vision, or tuition discount.

<table>
<thead>
<tr>
<th>Add or Remove</th>
<th>Full Name (Last, First, MI)</th>
<th>Sex</th>
<th>Relationship</th>
<th>Birthdate</th>
<th>Medical/Tuition Discount (Circle all that apply)</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A / R</td>
<td>M / F</td>
<td>Self</td>
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<td>M / TD</td>
<td>Y / N</td>
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</table>

Do you or your dependent(s) have Medicare coverage?** NO_____ YES _____

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicare Claim No.</th>
<th>Part A Effective Date</th>
<th>Part B Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Medicare Claim No.</td>
<td>Part A Effective Date</td>
<td>Part B Effective Date</td>
</tr>
</tbody>
</table>

**If you are adding a newly eligible dependent and dependent(s) are Medicare eligible, an additional application for Freedom Blue is required. The application must be mailed with this form along with a copy of the Medicare card to reflect Part A and B information.
Application: https://hr.psu.edu/sites/hr/files/FreedomBlueApplication.pdf

Consent for Healthcare Coverage Enrollment and Billing

I hereby accept the forms of insurance coverage contracted for by the University in the amounts for which I am or may become eligible or elect under the retiree healthcare coverage. I understand that I will be billed for my enrollment in the retiree healthcare coverage and that I am responsible for timely payment.

_____________________________________________  /   /   
Signature                                           Date Signed

Mail or FAX completed form to:

PLEASE CONTACT HR SERVICES AT 814-865-1473 TO PROVIDE YOUR DEPENDENT(S) SOCIAL SECURITY NUMBER(S) AS REQUIRED TO PROCESS YOUR BENEFITS

Penn State Employee Benefits, The 331 Building, Suite 136, University Park, PA 16802
Benefits Fax: (814) 863-6227;
HR Services: (814) 865-1473