



Retiree Request for Change of Healthcare Form

Please note: Changes 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 enroll in the retiree healthcare plan through Penn State at a future date

- Retiree Only Retiree and Child/Children
- Retiree and Spouse Retiree and Family

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>.

If adding dependent(s) that will be enrolled in Aetna 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 currently enrolled in Aetna, you cannot change plans at this time. For information regarding the plan options, please visit: <https://hr.psu.edu/retiree/benefits>.

- Retiree PPO Plan Retiree PPO Savings Plan

Reason for change:

- Adoption Other Coverage
- Deceased Step Child(ren) No Longer Eligible
- Dependent Child Age 26 Other – Reason Not Listed (provide explanation below)
- Divorce
- Loss of Coverage
- Marriage
- Newborn

Adding a Dependent to Coverage

Effective date of change (date of the event): _____ / _____ / _____

Removing a Dependent from Coverage:

Effective date of change: _____ / _____ / _____

Please list all eligible members you are making a change for healthcare, dental, and/or vision						
Add or Remove	Full Name (Last, First, MI)	Sex	Relationship	Birthdate	Disabled ?	Social Security #
A / R		M / F	Self		Y / N	
A / R		M / F			Y / N	
A / R		M / F			Y / N	
A / R		M / F			Y / N	
A / R		M / F			Y / N	
A / R		M / F			Y / N	

Do you or your dependent(s) have Medicare coverage? ** NO _____ YES _____			
Name	Medicare Claim No.	Part A Effective Date	Part B Effective Date
Name	Medicare Claim No.	Part A Effective Date	Part B Effective Date

**If you and/or 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:

PENN STATE EMPLOYEE BENEFITS
The 331 Building, Suite 136
University Park, PA 16802
FAX: 814-863-6227