



MULTNOMAH COUNTY RETIREE BENEFITS

MEDICAL AND DENTAL ENROLLMENT FORM

for Retirees who were Members of
IBEW 48, Local 88 AFSCME AFL-CIO, Juvenile Custody Services Specialists
Elected Officials, Executive, Management, ONA, Painters, Physicians

NEW COUNTY RETIREES



Are you submitting your initial enrollment form in the County Retiree Health Insurance Program?

You should complete this enrollment form and submit it to the Retiree Benefits Office 30 days prior to your employment termination date. Enrollment in the County Retiree Health Insurance Program must occur before County-sponsored health insurance coverage lapses. The plan documents executed with our health insurance carriers do not allow for re-enrollment once health insurance coverage has ended.

Enclosed in this enrollment packet you will find information outlining the coverage provided through each plan and the cost associated with each plan.

You may choose only one (1) medical plan option - you may choose the same level of medical coverage you had as an active employee or a more cost effective medical plan under the same medical insurance provider - or - if you opted out of medical insurance as an active employee, you may have the option to enroll in a County Retiree medical plan.

You may choose only one (1) dental plan option - you may choose the same dental coverage you had as an active employee under the same dental insurance provider.

Future health care provider change(s) will be allowed during the annual open enrollment period.

During the plan year, you can only make changes that meet Federal guidelines due to Family Status Change Events. These life events dictate what type of changes are allowed and when you can make changes. For instance, the birth of a child is a recognized Family Status Change Event that would allow a mid-year change. Another life event is when a Kaiser member moves outside the Kaiser service area - retiree is required to change from Kaiser to Moda. In the absence of a recognized event, you can only alter your elections during an annual open enrollment period.

ENROLLMENT CONFIRMATION

The Retiree Benefits Office will mail a health plan enrollment confirmation notice. If County Retiree does not receive a confirmation of health plan enrollment within 30 days of submitting his/her enrollment form, he/she should contact the Retiree Benefits Office at 503-988-5651.

COMPLETE THIS FORM - Return completed form to:

US Mail: 501 SE Hawthorne, Suite 400, Portland, OR 97214

ELIGIBLE DEPENDENTS

The County plans allow for enrollment of the following types of dependents:

1. Retiree's Spouse or Domestic Partner.
2. Children who are under age 26 and are the retiree's biological child, step-child, adopted child, child in retiree's custody pending adoption, a child for whom retiree is required by court order to provide coverage, child for which the retiree is a court-appointed legal guardian (up to the age of majority, or age specified by the court), or biological/adopted child of domestic partner.
3. A child reaching their 26th birthday, who has a permanent disability and has been continuously enrolled as your dependent under a County Health Plan, may be eligible for an extension of coverage. The parent retiree is responsible for contacting the County Retiree Administrator (prior to child's 26th birth date) in order to evaluate whether extension of coverage is appropriate.
4. Grandchildren (if continuously enrolled from date of birth) born to (enrolled) covered and unmarried dependent(s) prior to the birth parent's 23rd birthdate are eligible for coverage. Continuously enrolled grandchild remains eligible up to the enrolled birth parent's 23rd birthdate or marriage, whichever occurs first.

The County's health plans allow for enrollment of a broader range of dependent children than the IRS recognizes as Children, Qualified Children or Qualified Relatives. (Examples: Domestic partner's children or a newborn child of the retiree's enrolled child = retiree's grandchild.)

County Health Plans do not allow for enrollment of other types of household members who may qualify as the retiree's tax dependents. For instance, County health plans do not allow for enrollment of a retiree's parents or siblings under the retiree's County-sponsored health plan coverage.

It is illegal and considered fraud to have ineligible dependents on your insurance coverage. You must remove any dependents who no longer meet eligibility requirements. Note: When removing a spouse or domestic partner due to a divorce or end of a domestic partnership, a Termination of Marriage/Domestic Partnership Affidavit must be completed.

Any discrepancy between the reported relationship of an enrolled child and the evaluation of that same child's status by the Internal Revenue Service is the responsibility of the retiree. Retiree's failure to properly evaluate, report, and update dependent eligibility status may result in fines and/or penalties assessed by the IRS on the retiree.

The County Retiree Administrator will use the information provided to evaluate and enroll the dependent(s). Once enrolled, you will receive a confirmation statement showing the costs of the coverage.

ENROLLMENT INSTRUCTIONS BY SECTION

ENROLLMENT INFORMATION - LIST YOURSELF AND ALL FAMILY MEMBERS YOU WANT TO COVER

- ✳ List yourself as enrolling in health insurance coverage. You may be eligible to elect medical and/or dental insurance coverage. Should you not enroll in medical and/or dental insurance coverage at initiation of County Retiree benefits, you will not have the option of electing coverage at a later time.
- ✳ List all family members you want to enroll for coverage. Failure to list a family member could prevent that individual from being covered until the next annual open enrollment.
- ✳ Use the dependent codes provided on the form to indicate the relationship between the retiree and the dependent.
- ✳ Indicate whether you want to enroll each dependent listed in medical and/or dental coverage. Unless the dependent experiences a qualified family status change during the year - your election is irrevocable.
- ✳ Copies of legal documents are required for enrollment of children who are adopted or are pending adoption, or for whom you are legal guardian (if not previously submitted).

PLAN ELECTIONS

Plan elections apply to everyone you have chosen to cover. Dependents must be on the same plan as the retiree.

RETIREE AGREEMENT and SIGNATURE

Sign and date your form. Retain a copy for your records and submit your completed form to the County Retiree Administrator.

MULTNOMAH COUNTY - RETIREE MEDICAL AND DENTAL ENROLLMENT FORM
 County Retirees who were Members of IBEW 48 Local 88, Juvenile Custody Services Specialists
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RETIREE INFORMATION

Retiree Last Name		First Name		SS#		Birth Date			
Street Address				City		State		Zip Code	
Mailing Address				City		State		Zip Code	
Home Phone Number			Cell Phone Number			Write in former bargaining unit or "Non-represented"			Gender
Preferred Method to Receive Mail:					Email address:				

COORDINATION OF BENEFITS

Complete the following information if you or any of your dependents have medical or dental benefits under another health plan.

Name of Insured: _____ ID #: _____
 Insurance Carrier: _____ Contact #: _____

ENROLLMENT INFORMATION - LIST YOURSELF AND ALL FAMILY MEMBERS YOU WANT TO COVER

	Last Name	First Name	MI	Birth Date	SS#	Gender	Check Choice	<input checked="" type="checkbox"/>
RETIREE							Medical Dental	

LIST DEPENDENTS BELOW using one of these Dependent Codes:

▶ **A = Legal Spouse** ▶ **C = Biological/Adopted Son/Daughter** ▶ **E = Domestic Partner's Son/Daughter**
 ▶ **B = Domestic Partner** ▶ **D = Stepson/Stepdaughter** ▶ **F = Court Appointed or child placed for adoption**
 ▶ **G = Grandchild***

Dep Code	Last Name	First Name	MI	Birth Date	SS#	Gender	Check Choice	<input checked="" type="checkbox"/>
							Medical Dental	
							Medical Dental	
							Medical Dental	
							Medical Dental	
							Medical Dental	
							Medical Dental	

*If grandchild enrolled, please identify grandchild's natural parent: _____

DO NOT COMPLETE -- FOR OFFICE USE ONLY

Action	PLAN OPTIONS	Start/Term Date	Notes	Date Stamp
	COBRA			
	Subgroup 0003			
	PLATINUM (Plat) Class			
	MAJ MED (MM) Class			
	DELTA DEN (M_Dent) Class			
	KAISER MED (K) 1569-			
	MAINT PLN (KM) 1569-			
	KAISER DEN (K_Dent) 1569-			

MEDICAL PLAN OPTIONS - CHOOSE ONE

- KAISER PERMANENTE MEDICAL PLAN** Must reside within the Kaiser Permanente NW Service Area; plan available to only members who are not Medicare eligible.
- KAISER PERMANENTE MAINTENANCE PLAN** Must reside within the Kaiser Permanente NW Service Area; plan available only to members who are not Medicare eligible.
- MODA PLATINUM PPO MEDICAL PLAN**
- MODA MAJOR MEDICAL PLAN**
- NO MEDICAL PLAN** If you elect to discontinue participation, you can never enroll in any County retiree medical plan in the future.

DENTAL PLAN OPTIONS - CHOOSE ONE

- KAISER PERMANENTE DENTAL PLAN** Participant must reside in the Kaiser Permanente NW Service Area.
- DELTA DENTAL PLAN**
- NO DENTAL PLAN** If you elect to discontinue participation, you can never enroll in any County retiree dental plan in the future.

RETIREE AGREEMENT

By signing below, I hereby certify the information furnished on this form is complete and accurate. I understand my EFT/invoice will reflect the required premium for my election coverage. I understand:

- ✓ I understand failure to submit completed enrollment form before retirement will result in forfeiture of my rights to retiree medical/dental benefits through County Group Plan.
- ✓ I understand coverage is effective the first of the month following the event and Retiree Benefits Office's receipt of form.
- ✓ I understand I am required to pay the appropriate premium in order to remain enrolled for coverage.
- ✓ I have accurately described the relationship of each dependent to be enrolled on my plan.
- ✓ Enrollment of ineligible dependents can be considered fraud, and I may be held liable for benefits paid by the plan on an ineligible dependent.
- ✓ I will report changes to my enrolled dependent's status immediately to the County Retiree Administrator.
- ✓ I am responsible for notifying Multnomah County when I or my dependent(s) become Medicare eligible. I understand failure to report this information to Multnomah County within 45 days is considered fraud and may result in cancellation of my Retiree Health Plan coverage. Resulting overpayments of subsidy or claims will be recovered from retiree by County.
- ✓ I may not change my election until the next annual open enrollment period unless I experience a qualifying family status event that allows an enrollment change.
- ✓ I understand, if reporting loss of eligibility, COBRA offer will be made only if a Change Form is received within 60 days of coverage loss event.
- ✓ My signature authorizes any medical care institution, medical or dental, to furnish my health carrier with any information related to services or treatment of me or my dependents necessary for administering claims under my elected policy.

Signed under penalty of perjury, under the laws of the State of Oregon (FORM MUST BE SIGNED)

Retiree Signature

Date

Multnomah County Retiree Health Plan Choices

When County retirees first enroll in the County Retiree Health Insurance Program, they have the option of making health plan choices different from the coverage they had as active employees. Below is an explanation of options.

Opt In

If County employees opted out of active County employee medical and/or dental insurance coverage ...

at separation from Multnomah County employment, eligible County retirees may enroll in County Retiree medical and/or dental insurance plan(s).

Cost Affordable Plan

At separation from Multnomah County employment, eligible County retirees may enroll in the same medical and dental insurance plans – with the same number of eligible family members.

– or –

County retirees may enroll in a more cost affordable medical insurance plan offered by the same health insurance provider.

Examples:

Moda: If enrolled in the Moda Platinum medical plan, may elect Moda Major Medical through the County Retiree Health Insurance Program.

Kaiser: If enrolled in Kaiser medical insurance, may elect Kaiser Maintenance medical through the County Retiree Health Insurance Program.

Change Enrollment

County retirees may drop family members from medical and/or dental insurance coverage.

County retiree may have the option to enroll in a higher level of health insurance coverage and re-enroll eligible family members during an annual open enrollment period. Eligible family members may be re-enrolled in medical and/or dental insurance coverage during the health plan year, if an IRS-qualifying event occurs (such as loss of health insurance coverage through an employment status change).

Information on the Moda and Kaiser medical plans may be found on the web at www.multco.us/retirees

If you have questions about health insurance coverage or questions about making a health insurance change ...

contact the Employee Benefits Office at 503-988-5651.