Open Enrollment Offered to:
County Retirees who were

Non-Represented, Elected Officials
Local 88, Painters and MCCDA

MULTNOMAH COUNTY RETIREE BENEFITS

OPEN ENROLLMENT FORM - MEDICAL and DENTAL PLANS
Changes for January 1, 2019 through December 31, 2019

An annual enrollment provides each retiree with the opportunity to:

- ***Change medical plan choice***
- ***Change dental plan choice***
- ***Add or delete family dependent(s) from coverage***
- ***Cancel participation in County plans (**)***

***** You can never re-enroll at a later date if you elect to discontinue participation.***

This is the annual opportunity to make plan or enrollment changes. 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, marriage 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.

OPEN ENROLLMENT DEADLINES AND COVERAGE EFFECTIVE DATES

Completed open enrollment forms must be received by the Retiree Benefits Office by October 31, 2018 or postmarked on or before October 31, 2018.

Coverage/Enrollment changes are effective January 1, 2019

Email:	retiree.benefits@multco.us
US Mail:	501 SE Hawthorne, Suite 400, Portland, OR 97214
Hand Delivered:	501 SE Hawthorne, Suite 320
Questions:	Please contact the Retiree Benefits Office at 503-988-5651 or e-mail us at retiree.benefits@multco.us

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, stepchild, 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 Retiree Benefits Office (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.

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 Retiree Benefits Office 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.

OPEN ENROLLMENT INSTRUCTIONS BY SECTION

If a completed enrollment form is not returned, currently enrolled, eligible dependents will remain enrolled for coverage with the plans already elected.

TYPE OF CHANGE TELL US WHAT YOU WANT TO DO

- Important Note: If you are removing a dependent from coverage, please provide the reason for removing the dependent and when the loss of eligibility event occurred. This information is necessary to determine whether or not dependent should receive a COBRA offer. If you do not provide this information, dependent's coverage will be terminated December 31, 2018 and no COBRA offer will be sent.

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

- Use the dependent codes provided on the form to indicate the relationship between the retiree and the dependent.
- Indicate whether you want to enroll in medical and/or dental coverage for each dependent listed.
- 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).
- If you are enrolling a new spouse or domestic partner, you must also complete and return an Affidavit of Marriage or Domestic Partnership with this form. Review the Affidavit form for additional instructions. Forms can be found on the web at: www.multco.us/retirees or from the Retiree Benefits Office.

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 Retiree Benefits Office.

MULTNOMAH COUNTY - RETIREE MEDICAL AND DENTAL OPEN ENROLLMENT FORM
County Retirees who were: Non-Represented, Elected, Local 88, Painters, and MCCDA
Coverage Period - Effective January 1, 2019 through December 31, 2019

RETIREE INFORMATION

Retiree Last Name	First Name	MI	Birth Date

Street Address	City	State	Zip Code
Mailing Address	**City**	**State**	**Zip Code**

Home Phone Number	Cell Phone Number	Email address:	Gender

TYPE OF CHANGE - INDICATE WHAT YOU WANT TO DO

☐ Change Medical and/or Dental Plan
☐ Cancel Medical and/or Dental Coverage
☐ Remove Dependent(s) from Coverage
☐ Add Dependent(s) to Coverage
☐ Change in Retiree Information (Above - address, etc.)

Name of removed dependent(s):
Reason for removing dependent:
Date dependent became ineligible:

An Affidavit of Marriage/Domestic Partnership must be included if adding spouse/domestic partner.

A Statement of Termination of Marriage/Domestic Partnership must be included if removing spouse/domestic partner due to divorce or end of partnership.

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

	Last Name	First Name	MI	Birth Date	SSN	Gender	Check Choice	✓
RETIREE							Medical Dental	

LIST DEPENDENTS BELOW using one of these Dependent Codes:

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

Dep Code	Last Name	First Name	MI	Birth Date	SSN	Gender	Check Choice	✓
							Medical Dental	
							Medical Dental	
							Medical Dental	
							Medical Dental	
							Medical Dental	
							Medical Dental	

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

OFFICE USE ONLY

Action	PLAN OPTIONS		Start/Term Date	Notes	Date Stamp
	Subgroup **0003**	Plan #			
	PPO 400	Class			
	MAJ MED	Class			
	DELTA 50 DENTAL	Class			
	KAISER MED 10/20	1569-			
	MAINTENANCE PLN	1569-			
	KAISER 15 DENTAL	1569-			
	WILLAMETTE DENTAL	OR 331			

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 # : _____

MEDICAL PLAN OPTIONS CHOOSE ONE

☐	KAISER PERMANENTE 10/20 MEDICAL PLAN	Must reside within the Kaiser NW Service Area
☐	KAISER PERMANENTE MAINTENANCE PLAN	Must reside within the Kaiser NW Service Area. Kaiser Maintenance only available non-Medicare eligible members.
☐	MODA PPO 400 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 15 DENTAL PLAN	Must reside in the Kaiser NW Service Area.
☐	DELTA 50 DENTAL PLAN	
☐	WILLAMETTE DENTAL GROUP	
☐	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 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 Retiree Benefits Office.
- ✓ **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.
- ✓ 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.

All Open Enrollment changes will become effective January 1, 2019.
Completed form must be US postmarked or received by the Retiree Benefits Office no later than October 31, 2018.

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

_____

Retiree Signature Date