

# ARLINGTON PUBLIC SCHOOLS

DEPARTMENT OF HUMAN RESOURCES

BENEFITS DIVISION

PHONE: (703) 228-2726

FAX: (703) 228-6137

EMAIL QUESTIONS: [HR.SUPPORT@APSV.A.US](mailto:HR.SUPPORT@APSV.A.US)

## RETIREE OPEN ENROLLMENT CHANGE FORM

PLEASE SUBMIT THIS FORM ONLY IF MAKING CHANGES

E-Mail: [BENEFITS@APSV.A.US](mailto:BENEFITS@APSV.A.US) | Fax: 703-228-6137

- **SENDING VIA USPS MAIL MAY CREATE ENROLLMENT DELAYS. Please email or fax ONLY if making changes.**
- **DO NOT** complete and return this form if you are **not** making changes.
- **RETIREE MEDICARE ADVANTAGE** enrollment will continue, and an enrollment form is not required.
- **PRE-65 RETIREES and/or spouse & dependent** will default to the CareFirst HMO plan if you do not select another plan option.
- All open enrollment changes must be submitted to our office on this form **no later than November 10, 2023**.
- If changing plans, please indicate if your dependent is enrolled in Medicare. You must complete all the information requested below and submit the change form.
- All changes effective **JANUARY 1, 2024**

### 1. RETIREE'S CURRENT INFORMATION - REQUIRED

LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY #	DATE OF BIRTH	GENDER
CELLPHONE NUMBER	HOME NUMBER	EMAIL ADDRESS
RETIREE MEDICARE INFORMATION - COMPLETE ONLY IF ENROLLING OR CHANGING MEDICARE MEDICAL PLAN		
MEDICARE NUMBER	PART A EFFECTIVE DATE	PART B EFFECTIVE DATE
<input type="checkbox"/> CHECK BOX IF ADDRESS HAS CHANGED		
STREET ADDRESS		
CITY	STATE	ZIP

### 2. DO YOU WANT TO CANCEL YOUR BENEFITS?

Benefit Type ☐ ALL

☐ MEDICAL

☐ DENTAL

IF YOU CANCEL MEDICAL COVERAGE, YOU ARE PERMANENTLY WAIVING YOUR RIGHTS TO THE APS' GROUP PLAN AND WILL NOT BE ELIGIBLE TO RE-ENROLL; MEDICAL COVERAGE MUST BE CONTINUOUS.

### 3. DO YOU WANT TO DROP DEPENDENTS? (check the box to enter dependent's information)

LAST NAME	FIRST NAME	CANCEL: <input type="checkbox"/> ALL <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL RELATIONSHIP: <input type="checkbox"/> DEPENDENT <input type="checkbox"/> SPOUSE
LAST NAME	FIRST NAME	CANCEL: <input type="checkbox"/> ALL <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL RELATIONSHIP: <input type="checkbox"/> DEPENDENT
LAST NAME	FIRST NAME	CANCEL: <input type="checkbox"/> ALL <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL RELATIONSHIP: <input type="checkbox"/> DEPENDENT

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#### RETIREE OPEN ENROLLMENT CHANGE FORM

#### 4. ENROLL/MAKE CHANGES TO BENEFITS

To change, mark "cancel" next to your current plan

##### 4a. DENTAL PLAN

Action	Provider/Plan	Coverage
<input type="checkbox"/> CANCEL	Delta Dental	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family

If you are not currently enrolled in a medical plan, you are not able to add medical coverage.

Changes to your plan can only happen if you are already enrolled in a medical plan with Arlington Public Schools.

##### 4b. MEDICAL PLANS FOR RETIREES UNDER 65 YEARS OLD, SPOUSE/DEPENDENT UNDER 65 YEARS OLD:

<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST HMO	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST LOW PPO	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST HIGH PPO	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family

##### 4c. MEDICAL PLANS FOR RETIREES UNDER 65 YEARS OLD, SPOUSE/DEPENDENT MEDICARE ELIGIBLE

<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST HMO/KAISER MEDICARE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST LOW PPO/KAISER MEDICARE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST HIGH PPO/KAISER MEDICARE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST HMO/UNITED HEALTH CARE MEDICARE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST LOW PPO/UNITED HEALTH CARE MEDICARE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	CAREFIRST HIGH PPO/UNITED HEALTH CARE MEDICARE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family

##### 4d. MEDICAL PLANS FOR RETIREES OVER 65 YEARS OLD, SPOUSE/DEPENDENT UNDER 65 YEARS OLD

<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	KAISER MEDICARE/ CAREFIRST HMO	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	KAISER MEDICARE/ CAREFIRST LOW PPO	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	KAISER MEDICARE/ CAREFIRST HIGH PPO	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	UNITED HEALTH CARE MEDICARE/CAREFIRST HMO	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	UNITED HEALTH CARE MEDICARE/CAREFIRST LOW	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	UNITED HEALTH CARE MEDICARE/CAREFIRST HIGH	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family

##### 4e. MEDICAL PLANS ONLY AVAILABLE IF CURRENTLY ENROLLED IN MEDICARE:

<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	UNITED HEALTH CARE MEDICARE ADVANTAGE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family
<input type="checkbox"/> ENROLL <input type="checkbox"/> CANCEL	KAISER MEDICARE ADVANTAGE	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse/Dep <input type="checkbox"/> Retiree + Child <input type="checkbox"/> Family

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**I hereby request the above change and guarantee payment of the required contributions for the above elected plan(s) through either pension deduction or direct payment to APS. If I elect to cancel cover through Arlington Public Schools, I will not be allowed to enroll at a later date and my coverage cannot be reinstated.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed/signed form to:

Arlington Public Schools, Human Resources Department 2110 Washington Blvd., 4th Fl Arlington, VA 22204 Fax: 703-228-6137