

Open Enrollment Delete Dependent Add Dependent Change of Address Change of Name New Retiree

Retiree Information – Please print legibly.

Name Effective Date
 Birth Date Social Security Number
 Street Address
 City, State ZIP Hire Date
 E-mail Telephone #
 Marital Status (circle one): Single Married Divorced Widowed Separated Sex (circle one): Male Female

Coverage Elected - Please check the appropriate box on the rate election form.

Dependent Information

Add (A) or Drop (D) Dependent?	Name	Sex (M/F)	Birth Date	SSN	STUDENT* (Y/N) If over age 21
<input type="checkbox"/>	Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

All of the dependents listed above are eligible as defined in the plan provisions.

ARBITRATION AGREEMENT: If your coverage is under a private employer plan governed by ERISA (Employment Retirement Income Security Act of 1974), certain disputes may not be subject to the following arbitration provisions. I understand that any and all disputes between myself (and/or any enrolled family member) and University of the Pacific, including claims for medical malpractice, must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court, and not by lawsuit or resort to court process, except as both the member and University of the Pacific are giving up the right to have any dispute decided in a court of law before a jury. University of the Pacific and the member also agree to give up any right to pursue on a class basis any claim or controversy against the other.

If I am enrolled in an employer-sponsored benefit plan that is subject to ERISA (Employee Retirement Income Security Act of 1974, 29 U.S.C. section 1001, et seq.) I understand that any dispute involving an adverse benefit determination for a health claim may not be subject to mandatory binding arbitration. However, I further understand that any dispute I may have with respect to an adverse benefit determination for a health claim may be submitted to voluntary binding arbitration after the ERISA claim appeal process is completed.

Retiree Signature

Date

COORDINATION OF BENEFITS INFORMATION

Does any other family member have other insurance or health coverage within the past two years? Yes No

Type of coverage? Medical Dental Vision Effective Date of other coverage Still in effect? Yes No

Termination Date (if applicable) Name of other carrier

Payor Number Group Number Individual ID Number

Address of carrier
Street City State Zip

Carrier Phone Number

Name of the primary subscriber

Relationship to Employee Birth Date

Is there a court order in effect to be primary? Yes No

If yes, does the decree name the primary insurance carrier for the dependents as Yourself Policy Holder Above Other

Name of the primary subscriber

Individual ID Number Birth Date

Please list all family members covered by the other insurance including full names and birth dates:

Name <input type="text"/>	Birth Date <input type="text"/>
Name <input type="text"/>	Birth Date <input type="text"/>
Name <input type="text"/>	Birth Date <input type="text"/>
Name <input type="text"/>	Birth Date <input type="text"/>
Name <input type="text"/>	Birth Date <input type="text"/>

COVERAGE DECLINATION

Reason for declining health coverage (check if decline)

Covered by spouse's group coverage Medicare Other (explain)

I acknowledge that the available coverages have been explained to me by University of the Pacific, and I know that I have every right to apply for coverage. I have been given the chance to apply for this coverage and I have decided not to enroll myself and / or my dependent(s), if any. I also realize I will NOT be able to re-enroll once I am terminated from the plan.