

NOTE: The Pensioner is the individual currently receiving monthly pension benefits from the Cincinnati Retirement System.

MONTHLY PREMIUM	SEE PRICE SHEET			DENTAL	BASIC		VISION	BASIC	
					Pensioner	\$26.45		Pensioner	\$2.21
	Pensioner + Spouse	\$52.70	Pensioner + Spouse		\$4.21				
	Pensioner + Child(ren)	\$51.35	Pensioner + Child(ren)		\$4.42				
	Pensioner + Spouse + Child(ren)	\$77.84	Pensioner + Spouse + Child(ren)		\$6.50				
	PLUS		PLUS						
	Pensioner	\$36.10	Pensioner		\$4.94				
	Pensioner + Spouse	\$71.93	Pensioner + Spouse		\$9.41				
	Pensioner + Child(ren)	\$70.09	Pensioner + Child(ren)		\$9.88				
	Pensioner + Spouse + Child(ren)	\$106.25	Pensioner + Spouse + Child(ren)		\$14.53				

Pensioner Signature _____ Date _____ Retiree Name *(if different than Pensioner)* _____

INSTRUCTIONS FOR COMPLETING THE HEALTH CARE ENROLLMENT FORM

1. The Pensioner is the individual currently receiving monthly pension benefits from the Cincinnati Retirement System.
2. In section 1, fill in your Social Security Number, your name, current address, city, state, zip code and county, your date of birth, and your current phone numbers. If you have an email address, please provide that address.
3. In section 2, if applicable provide the Medicare account number and effective date for each type of Medicare coverage for yourself and/or your spouse.
4. In section 3, list yourself as Pensioner, your spouse and all eligible dependents for whom you are requesting to purchase Health Care coverage with the City of Cincinnati Retirement System. Be sure to provide name, date of birth, Social Security #, gender and relationship for each dependent listed.
5. For yourself and each eligible dependent, indicate the type of healthcare coverage being purchased (Medical, Dental, Vision) by selecting **YES** or **NO** on the form for that individual. Remember that in order to enroll a dependent for any type of Health Care coverage, the Pensioner **MUST** be enrolled for that same type of coverage (Medical, Dental, Vision).
6. Pensioners are responsible for notifying CRS in the event of life changes, such as death or divorce. If CRS is not notified in a timely manner, Pensioner may be subject to repayment penalties, potential loss of Health Care coverage, and even criminal prosecution.
7. Sign and date the form. If you are a spouse of a deceased retiree or a guardian of surviving dependents of a deceased retiree, please print the retiree's name as indicated. The State of Ohio only recognizes Common Law marriages established prior to 1991. It is considered fraud if you list your live-in companion as spouse on your insurance forms.
You must sign and date your Health Care Enrollment Form.

ENROLLMENT CHANGES DURING THE YEAR

Pensioners can elect to purchase coverage for themselves and their eligible spouse and dependents for the next calendar year. Pensioners can **ONLY** change their election (add or remove a person) during the annual enrollment period in October & November each year. Any change **AFTER** the start of the calendar year **MUST** be related to a qualifying event such as:

- Change in the Pensioner's legal marital status (such as death or divorce);
- Change in a covered person's employment status that affects other benefit eligibility;
- Dependent ceases to satisfy dependent eligibility requirements.

FULL-TIME STUDENT VERIFICATION

Health Care coverage for eligible dependents is available through the end of the month in which they turn age 19, or age 24 **IF** they are unmarried and full-time students at an accredited school. Pensioners requesting to purchase Health Care coverage for eligible dependent children from age 19 to age 24 **are required to provide verification of full-time student status** in December AND in August.

RETURN THIS FORM TO:

**CINCINNATI RETIREMENT SYSTEM, 801 PLUM ST, SUITE 328, CINCINNATI, OH 45202
BEFORE THE END OF THE ANNUAL OPEN ENROLLMENT PERIOD.**