



# 2012 RETIREE GROUP HEALTH PLAN ELECTION FORM

*For Retirees Under Age 65*

Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## MEDICAL COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

Monthly Rates for:	AvMed POS	AvMed High Opt HMO	AvMed Low Opt HMO
Retiree Only	<input type="checkbox"/> \$ 992.22	<input type="checkbox"/> \$ 400.81	<input type="checkbox"/> \$ 377.54
Retiree & Spouse/DP* Under 65	<input type="checkbox"/> \$ 1,924.74	<input type="checkbox"/> \$ 909.81	<input type="checkbox"/> \$ 857.24
Retiree & Child(ren)*	<input type="checkbox"/> \$ 1,866.27	<input type="checkbox"/> \$ 729.82	
Retiree & Spouse/DP Under 65, plus Child(ren)*	<input type="checkbox"/> \$ 2,312.17	<input type="checkbox"/> \$ 1,130.63	

Retiree Under 65 & Spouse/DP Medicare Eligible	AvMed POS	AvMed HMO HO
Retiree under 65 & Spouse/DP* over 65 and/or Medicare Eligible - High Opt Plan	<input type="checkbox"/> \$ 1,454.68	<input type="checkbox"/> \$ 863.27
Retiree under 65 & Spouse/DP* over 65 and/or Medicare Eligible - No RX Plan	<input type="checkbox"/> \$ 1,193.24	<input type="checkbox"/> \$ 597.32

## DENTAL COVERAGE

☐ SELECT

☐ DECLINE

If yes, please select (✓) one of the following options:

Monthly Rates for:	Delta Dental Plan		MetLife DHMO (safeguard)*		Humana - Oral Health Services*	
	Standard	Enriched	Standard	Enriched	Standard	Enriched
Retiree Only	<input type="checkbox"/> \$ 31.22	<input type="checkbox"/> \$ 40.87	<input type="checkbox"/> \$ 8.70	<input type="checkbox"/> \$ 12.67	<input type="checkbox"/> \$ 7.99	<input type="checkbox"/> \$ 14.80
Retiree & one dependent	<input type="checkbox"/> \$ 61.76	<input type="checkbox"/> \$ 80.81	<input type="checkbox"/> \$ 14.38	<input type="checkbox"/> \$ 21.00	<input type="checkbox"/> \$ 13.23	<input type="checkbox"/> \$ 24.57
Retiree & dependents	<input type="checkbox"/> \$ 99.55	<input type="checkbox"/> \$ 130.30	<input type="checkbox"/> \$ 22.01	<input type="checkbox"/> \$ 33.38	<input type="checkbox"/> \$ 20.23	<input type="checkbox"/> \$ 39.03

\* MetLife DHMO and Humana OHS plans are not available outside Miami-Dade, Broward & Palm Beach Counties

If medical and/or dental coverage for dependent(s) is selected, please provide the information below.

Name	Relationship**	SSN	DOB	Sex M/F	Indicate Coverage Selected
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental

\*\*SP- Spouse, CH-Child, DP-Domestic Partner, DPCH- Child of Domestic Partner

## LIFE INSURANCE COVERAGE

☐ SELECT

☐ DECLINE

The value of the Miami-Dade County Retiree Group Life Insurance Policy is **one- time your base annual salary** at the time of retirement. The 2012 rate is **17 cents per thousand** dollars per month.

**GREEN PLEDGE** I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ authorize the BAU, when practical, to communicate with me via the email address I provided in lieu of utilizing the mail. I will provide BAU with any changes to my email address or preferred choice for communication. I am responsible for monitoring emails and responding to time-sensitive information.

\_\_\_\_\_ I am aware that it is my responsibility to read and understand the contents of the Retiree Insurance Benefits Handbook available at [www.miamidade.gov/benefits/retirement.asp](http://www.miamidade.gov/benefits/retirement.asp)

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY - EG - EI - INV

FRS IPDAF: \_\_\_\_\_ Needed \_\_\_\_\_ Not Needed Conv. Letter: Yes \_\_\_\_\_ No \_\_\_\_\_

Basic Life Conv. Amount \$ \_\_\_\_\_ Optional Life Conv. Amount \$ \_\_\_\_\_

Please sign, date, and mail or fax this form to:

**Miami-Dade County**  
**Benefits Administration Unit**  
**111 NW 1st Street, Suite 2340**  
**Miami, FL 33128-1979**  
**Fax: 305-375-1633 or 305-375-1368**