



# 2019 NEW RETIREE INSURANCE BENEFITS ELECTION FORM

## For Retirees Over Age 65 and/or Medicare Eligible

This form must be received by the Benefits Administration Unit no later than thirty (30) days following your retirement date, otherwise you forfeit Retiree Group coverage.

Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**MEDICAL COVERAGE**  SELECT  DECLINE

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

Monthly Rates (Must be enrolled in Medicare Parts A and B to be eligible for any of the AvMed over 65 plans)	AvMed High With RX	AvMed High W/O RX
Retiree over 65 Only	<input type="checkbox"/> \$ 761.39	<input type="checkbox"/> \$ 330.95
Retiree over 65 & Spouse/Domestic Partner Over 65	<input type="checkbox"/> \$1,444.40	<input type="checkbox"/> \$ 627.85
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed POS Plan	<input type="checkbox"/> \$2,181.83	
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed High Opt. HMO	<input type="checkbox"/> \$1,383.70	<input type="checkbox"/> \$ 953.26
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed Select Network HMO	<input type="checkbox"/> \$1,325.83	
Retiree over 65 & Child(ren) on AvMed POS Plan	<input type="checkbox"/> \$1,954.31	
Retiree over 65 & Child(ren) on AvMed High Opt. HMO	<input type="checkbox"/> \$1,406.71	<input type="checkbox"/> \$ 976.27
Retiree over 65 & Child(ren) on AvMed Select Network HMO	<input type="checkbox"/> \$1,352.05	
Retiree over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed POS Plan	<input type="checkbox"/> \$2,759.68	
Retiree over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed High Opt. HMO	<input type="checkbox"/> \$1,836.66	<input type="checkbox"/> \$1,406.22
Retiree over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed Select Network HMO	<input type="checkbox"/> \$1,746.42	

**DENTAL COVERAGE**  SELECT  DECLINE

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

Monthly Rates	Delta Dental PPO <sup>SM</sup>		DeltaCare <sup>®</sup> DHMO	
	Standard	Enriched	Standard	Enriched
Retiree Only	<input type="checkbox"/> \$ 29.03	<input type="checkbox"/> \$ 40.87	<input type="checkbox"/> \$ 10.08	<input type="checkbox"/> \$ 11.29
Retiree & one dependent	<input type="checkbox"/> \$ 57.44	<input type="checkbox"/> \$ 80.80	<input type="checkbox"/> \$ 16.65	<input type="checkbox"/> \$ 18.72
Retiree & dependents	<input type="checkbox"/> \$ 92.58	<input type="checkbox"/> \$ 130.30	<input type="checkbox"/> \$ 25.48	<input type="checkbox"/> \$ 29.77

If medical and/or dental coverage for dependent(s) is selected, please provide their 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

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

Life Insurance Benefit	Monthly Rates		
	Age 65-69	Age 70-74	Age 75+
\$15,000	<input type="checkbox"/> \$ 11.03	<input type="checkbox"/> \$ 18.20	<input type="checkbox"/> \$ 25.16
\$20,000	<input type="checkbox"/> \$ 14.70	<input type="checkbox"/> \$ 24.26	<input type="checkbox"/> \$ 33.54

\_\_\_\_\_ I am aware that it is my responsibility to read and understand the contents of the Retiree Insurance Benefits Handbook  
 Initials available at <http://www.miamidade.gov/humanresources/retirees.asp>.

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

FOR OFFICE USE ONLY

Status: \_\_\_\_\_ Ret. Kind: \_\_\_\_\_ Ret. Type: \_\_\_\_\_  
 Longevity: FRS \_\_\_\_\_ County \_\_\_\_\_ Other Remarks: \_\_\_\_\_

Please sign, date, and mail or fax this form to:  
 Miami-Dade County – Human Resources  
 Benefits Administration Unit  
 111 NW 1st Street, Suite 2324  
 Miami, FL 33128-1979  
 Fax: 305-375-1633 or 305-375-1368