



# 2016 NEW RETIREE INSURANCE BENEFITS ELECTION FORM

## For Retirees Under Age 65

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	AvMed POS	AvMed High Opt HMO	AvMed MDC Select Network HMO*	AvMed MDC Jackson First HMO*
Retiree or Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$1,165.23	<input type="checkbox"/> \$ 490.30	<input type="checkbox"/> \$ 441.65	<input type="checkbox"/> \$ 409.35
Retiree Under 65 & Spouse/Domestic Partner Under 65	<input type="checkbox"/> \$2,254.09	<input type="checkbox"/> \$1,097.61	<input type="checkbox"/> \$ 995.56	<input type="checkbox"/> \$ 927.76
Retiree Under 65 & Child(ren)	<input type="checkbox"/> \$2,168.07	<input type="checkbox"/> \$1,010.99	<input type="checkbox"/> \$ 916.44	<input type="checkbox"/> \$ 853.64
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	<input type="checkbox"/> \$2,759.20	<input type="checkbox"/> \$1,359.67	<input type="checkbox"/> \$1,235.19	<input type="checkbox"/> \$1,152.51

\*AvMed Plans not available outside Miami-Dade, Broward & Palm Beach Counties

### Retiree Under 65 & Spouse/DP Medicare Eligible

Monthly Rates (Must be enrolled in Medicare Parts A and B to be eligible for any of the AvMed over 65 plans)	AvMed POS	AvMed High Opt HMO	AvMed MDC Select Network HMO*	AvMed MDC Jackson First HMO*
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - High Opt Plan	<input type="checkbox"/> \$ 1,810.78	<input type="checkbox"/> \$ 1,135.85	<input type="checkbox"/> \$ 1,087.20	<input type="checkbox"/> \$ 1,054.90
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - No RX Plan		<input type="checkbox"/> \$ 770.89	<input type="checkbox"/> \$ 722.24	<input type="checkbox"/> \$ 689.94

\*AvMed Plans not available outside Miami-Dade, Broward & Palm Beach Counties

**DENTAL COVERAGE**       **SELECT**                       **DECLINE**

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

Monthly Rates	Delta Dental Plan		MetLife DHMO (Safeguard)*		Humana - Oral Health Services*	
	Standarda	Enricha	Standarda	Enricha	Standarda	Enricha
Retiree Only	<input type="checkbox"/> \$ 31.22	<input type="checkbox"/> \$ 40.87	<input type="checkbox"/> \$ 11.51	<input type="checkbox"/> \$ 16.76	<input type="checkbox"/> \$ 8.00	<input type="checkbox"/> \$ 14.82
Retiree & one dependent	<input type="checkbox"/> \$ 61.76	<input type="checkbox"/> \$ 80.80	<input type="checkbox"/> \$ 19.02	<input type="checkbox"/> \$ 27.77	<input type="checkbox"/> \$ 13.24	<input type="checkbox"/> \$ 24.58
Retiree & dependents	<input type="checkbox"/> \$ 99.55	<input type="checkbox"/> \$130.30	<input type="checkbox"/> \$ 29.11	<input type="checkbox"/> \$ 44.15	<input type="checkbox"/> \$ 20.22	<input type="checkbox"/> \$ 39.02

\*MetLife DHMO and 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 2016 rate is 19.5 cents per thousand dollars per month.

\_\_\_\_\_ 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 \_\_\_\_\_

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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  
 Human Resources - Benefits Administration  
 111 NW 1st Street, Suite 2324  
 Miami, FL 33128-1979  
 Fax: 305-375-1633 or 305-375-1368