



2018 OE BENEFITS ENROLLMENT & CHANGE FORM

(FOR RETIREES UNDER AGE 65)

IMPORTANT INFORMATION: You only need to complete & return this form if you are making changes to your existing benefit elections. Please print clearly and complete all necessary sections in full. Return completed forms by **November 18, 2017** to:

Woods Hole Oceanographic Institution
Attn: Retiree Open Enrollment
266 Woods Hole Road, MS #15
Woods Hole, MA 02543

PERSONAL INFORMATION								
Last Name			First Name			Middle Initial	Social Security Number	
Street				City				State Zip
Phone			Email Address					
SECTION 1: MEDICAL INSURANCE: Advantage Blue								
Please check one:								
<input type="checkbox"/> Individual Only <input type="checkbox"/> Retiree & Spouse <input type="checkbox"/> Retiree & Child(ren) <input type="checkbox"/> Family (Retiree, Spouse, and Child(ren)) <input type="checkbox"/> Waive Coverage								
SECTION 2: DENTAL INSURANCE								
The WHOI Retiree Medical Plan does not provide dental coverage. However, per Federal COBRA law, employees that are enrolled in dental at the time of termination are offered COBRA continuation of their dental coverage. Under COBRA a retiree may continue the dental coverage for up to 18 months by paying the COBRA (102% of the premium) premium. However, WHOI allows a retiree to remain on the dental coverage until age 65 or 18 months from the retirement date, whichever is later. For the period of time a retiree is under 65 the cost is 100% of the premium, whereas the period of time after age 65 (if applicable) the cost is 102% of the premium.								
Please check one:								
<input type="checkbox"/> Individual Only <input type="checkbox"/> Retiree & Spouse <input type="checkbox"/> Retiree & Child(ren) <input type="checkbox"/> Family (Retiree, Spouse, and Child(ren)) <input type="checkbox"/> Waive Coverage								
SECTION 3: DEPENDENT INFORMATION								
Add	Remove	Change	Name	SSN	Date of Birth (MM/DD/YYYY)	Gender	Medical	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Spouse				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: CONSENT

I wish to make the choices entered on this form. These elections replace any previous elections. I understand that my elections cannot be changed unless I experience a Qualified Life Event, as defined under the Internal Revenue Service (IRS), and the change in coverage is caused by and consistent with the Qualified Life Event and I notify and provide HR with the supporting documentation within 31 days of said event. I agree to abide by the regulations and terms of the plan I have enrolled in and I confirm that the information listed above is true and accurate.

I authorize my monthly premium(s) for retiree medical coverage as elected above to be deducted from my WHOI pension if I have elected a monthly annuity option. Or, I agree to pay for any elected coverage directly to WHOI's third-party direct bill vendor, if I have taken the lump sum option or if my monthly pension payment will not cover the cost of the premiums. I understand that each year I may waive or elect/re-elect any medical plan(s) available to me during WHOI's annual retiree Open Enrollment period for coverage effective January 1st. In the event of a discrepancy between this document and the official Plan Documents, the Plan Documents will govern.

Arbitration Agreement: I understand that any dispute of controversy, except medical malpractice, that may arise regarding the performance, interpretation or breach of this agreement between myself (and/or any enrolled eligible dependent) and the insurance carriers, or any Participating Medical Group/Independent Physicians association, whether arising in a contract, tort or otherwise, must be submitted to arbitration in lieu of jury court trial.

Please retain a copy for your record.

Signature

Date

SECTION 5: HR USE ONLY

HR Signature

Date

Employees retiring from the Institution who are eligible for Retiree Medical are not eligible for COBRA because participants in the Retiree Plan waive continuation coverage under the Active Plan when they began participation in the Retiree Plan, continuation coverage is not available under the Retiree Plan component of the Plan. At age 65, you will be offered the Medicare supplemental plan available to WHOI retirees and their eligible spouses. This occurs on the first of the month following your 65th birthday. Please remember that you must contact Medicare 90 days before you turn 65 to enroll in Medicare Part A and Medicare Part B. You are required Medicare Part A and Medicare Part B to be covered under WHOI Medicare supplemental plan. When you contact Medicare to enroll in Medicare Part A and Medicare Part B, you may also want to consider enrolling in Medicare Part D.

Important Note: Information included is intended to be a summary of the benefits provided through WHOI's benefit programs. In the event of a discrepancy between this information and the official plan documents, the official governing plan documents will govern. WHOI reserves the right to amend, modify, or terminate any of the benefit programs or plans in any manner, in whole or in part, at any time. Thank you.