Health Benefits Enrollment/Waiver

For Retirees or Benefit Recipients
PERS Tier II & III / TRS Tier II

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
drb.alaska.gov

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

This form must be completed and returned or postmarked to the address above by the end of the open enrollment period. You can also submit this form by email to *doa.drb.benefits@alaska.gov.*

PERSONAL DATA

Please indicate your retirement system: ☐ PERS ☐ TRS

NAME (LAST / FIRST / MI)	SOCIAL SECURITY NUMBER OR RETIREMENT ID NUMBER (RIN)	
EMAIL ADDRESS	TELEPHONE NUMBER ( )	MEDICARE ID NUMBER (MBI)

MEDICAL BENEFITS

I elect the following medical coverage:

	Premiums:		Premiums:
☐ No medical coverage			
☐ Retiree only	$ 776	☐ Retiree and family	$ 1,873
☐ Retiree and spouse	$ 1,552	☐ Retiree and child(ren)	$ 1,097

DENTAL-VISION-AUDIO (DVA) BENEFITS

I elect the following DVA plan:	I elect the following DVA coverage:	Premiums: Standard	Legacy
☐ Standard DVA plan	☐ No change needed		
☐ Legacy DVA plan	☐ DVA coverage for myself (retiree) only	$ 77	$ 80
☐ No change needed	☐ DVA coverage for myself and my spouse	$154	$158
	☐ DVA coverage for myself, my spouse, and children	$219	$225
	☐ DVA coverage for myself and children	$140	$143

DVA may be elected during Open Enrollment only if the same or increased level of medical coverage is also being elected for the first time. If you elect coverage, the premiums will be deducted from your benefit check each month. If your check is insufficient to deduct the premiums, we will contact you to make payment arrangements through Direct Bill. Premiums listed above do not include the 2% administrative fee for Direct Bill retirees.

CERTIFICATION

I acknowledge that I have been offered all available health plans: medical and dental-vision-audio. I understand that I may enroll in the medical and Dental-Vision-Audio plans during this open enrollment period.

I authorize the deduction of premiums from my benefit check for any insurances elected above.

SIGNATURE	DATE

This form is for retirees and other benefit recipients who were first hired under the Public Employees' Retirement System **(PERS) after June 30, 1986**, or under the Teachers' Retirement System **(TRS) after June 30, 1990, and are not eligible for system-paid medical coverage at retirement.** This is your opportunity to elect to participate in the following health plans; medical and dental-vision-audio (DVA). You must indicate a choice in each section even if you are electing not to participate in a certain plan. Your form must be postmarked or received in our office by the end of the open enrollment period.

DVA will also be offered during open enrollment periods if not elected now, but only if you are also electing the same or greater level of medical coverage **for the first time** during the open enrollment period.