OBERLIN COLLEGE

Retiree Benefits Enrollment Form

*Spouse or domestic partner as used by Oberlin College
**If you elect the retiree stipend, you must open a Health Reimbursement Account

EMPLOYEE INFORMATION – Please Print Clearly

Last Name | First Name | MI

T number (include all 0's)

Retiree
Surviving Spouse

Address and Phone Number

OTHER INSURANCE

Are you covered by Medicare? _____ YES _____ NO
Part A Effective Date _____ Part B Effective Date _____
Medicare Beneficiary Identifier (MBI) # _____
Is your Spouse/DP covered by Medicare?
Part A Effective Date _____ Part B Effective Date _____
Medicare Beneficiary Identifier (MBI) # _____

COVERAGE ELECTION INFORMATION

Last Name (if different from above)	First Name	OC Medicare Advantage Plan	RAMP (< 65)	**HRA Stipend	Vision	Superior Dental Core Plan	Superior Dental Enhanced Plan	Superior Dental Network Only	Social Security Number	Gender	Date of Birth	DECLINE COVERAGE
Self												
Spouse/DP*												
Child												
Child												
Child												

OPT OUT NOTIFICATION-

Your Election to enroll in a MedMutual Advantage PPO plan as your retiree health benefit plan enrollment in will automatically cancel your enrollment in a different Medicare Advantage plan. If you wish to opt out and not be enrolled in our plan, you have until your effective date, to contact Medical Mutual Member Services at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).

You will need to keep Medicare Parts A and B as MedMutual Advantage is a Medicare Advantage Plan. You can be in only one Medicare Advantage Plan at a time. It is your responsibility to inform Medical Mutual of any prescription drug coverage that you have or may get in the future.

What happens if I don't join the MedMutual Advantage plan offered?
You aren't required to be enrolled in this plan. You can also decide to join a different Medicare plan. Call 1-800-MEDICARE for help in learning how. However, if you decide not to be enrolled, you will not have another plan option available through Oberlin College. To opt out and request not to be enrolled by this process, please call the Medical Mutual Member Serivces at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).

What if I want to leave the MedMutual Advantage plan offered?
You may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to Medical Mutual. If you choose to leave the MedMutual Advantage plan at any time, you will not have the option to enroll again in the future.

AUTHORIZATION

The terms of the Health Plan have been explained to me, and I have complete understanding of my rights and responsibilities under the Plan. I hereby authorize Oberlin College to bill me for the collection of premium required for participation in the Plan. I hereby authorize my licensed physician, practitioner, hospital, clinic, medical- related facility, insurance company, employer, or other organization that has any records or knowledge of personal information, medical history, physical condition, or treatment of me or my dependent(s) to release this information to our third party administrator or their authorized representatives. I understand that any willful misrepresentation of facts on this enrollment form will be grounds for termination of benefits as well as Insurance Fraud. I hereby certify that the foregoing information is true and correct to the best of my knowledge.

Employee Signature _____ Date _____

	Date of Hire	Effective Date	Cancel Date

REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY AND ENROLLMENT

The Department of Human Resources is required to ensure that only employees, retirees, and their eligible dependents are receiving health care under the Oberlin Health Plans. As a result, the Department of Human Resources must guarantee consistent application of eligibility requirements within the plans. Employees or Retirees who enroll dependents for coverage (spouses, domestic partners, and children) must submit the following documentation in addition to the appropriate health benefits enrollment form.

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
SPOUSE / SAME GENDER SPOUSE	A person of the opposite and/or same gender to whom you are legally married.	A photocopy of your Marriage Certificate, Social Security Card **and** a photocopy of the top half of the front page of your most recently filed federal tax return** (Form 1040) that includes the spouse
SAME GENDER DOMESTIC PARTNER	A person of the same gender with whom you have entered into a domestic partnership.	A signed Domestic Partnership Affidavit, a copythe partner's Social Security Card, and a photocopy of **two** of the following: • Bank statement indicating joint ownership of bank account • Ownership of joint credit card • Joint mortgage or lease • Evidence of a joint obligation on a loan • Mutually granted durable power of attorney • Affidavit by a creditor able to testify to the partner's financial interdependence • Or other proof establishing economic interdependence
CHILDREN	Your children under age 26	**Biological Child –** A photocopy of the child's birth certificate showing your name as the parent and their Social Security Card. **Step Child** – A photocopy of the child's birth certificate showing the name of your spouse or partner as parent **and** a photocopy of your marriage certificate and the child's Social Security Card. **Legal Guardian or Adoption** – Photocopies of Affidavits of Dependency, Final Court Orders with the presiding judge's signature and seal, or Adoption Final Decree with the presiding judge's signature and seal, and a photocopy of the child's Social Security Card.

** NOTE: For tax forms you may black out all financial information and all but the last 4 digits of any Social Security numbers.

10/2020