

CU Benefits Medicare Open Enrollment Form Plan Year 2026*

401(a) Retiree

Open Enrollment elections can be made in your [employee portal](#) during these dates:

8:00 a.m. MST, October 15, 2025 – 5:00 p.m. MST, October 29, 2025.

Open Enrollment (OE) Elections – **Effective January 1, 2026**

Complete this form **only** if you are unable to access your [employee portal](#) event during Open Enrollment by 5:00 p.m. MST, October 29, 2025.

If you **do not want** to make changes for the new benefit year January 1, 2026 – December 31, 2026, **you do not** need to complete this form.

*Medicare Open Enrollment is only for Medicare retirees. The Medicare plan (over) year is 01/01-12/31 and non-Medicare (under) plan year is 07/01-06/30. Medicare retirees may make changes to their non-Medicare dependents during this Open Enrollment.

Instructions

- This form cannot be completed in a web browser.
 1. **Download** (Save) the form to your desktop from the web browser.
 2. **Open** the form in Adobe or Adobe Reader before completing.
 3. **Submit** the form.
- You have until 5 p.m. MST on October 29, 2025, to complete your Open Enrollment via this form or via your [employee portal](#) (<https://my.cu.edu/>).
- Plan and current rate information are available on the [CU Medicare Open Enrollment website](#) (www.cu.edu/node/39058).
- If you are enrolling any dependents in medical and/or dental plans, who have NOT previously completed dependent eligibility verification (DEV), it requires the completion of the [DEV form](#) in your employee portal in addition to completing and sending this Benefits Enrollment/Change Form. For more information on DEV, visit the [CU DEV website](#) (www.cu.edu/node/116040).
- Incomplete, illegible, incorrect or unsigned forms will not be processed. Consequently, your benefits could be delayed, or you could risk losing enrollment eligibility for certain benefits. All sections of this form must be completed.

Retiree Information

Completion of all sections is required.

Employee ID Number – required	Last Name	First Name	Middle Initial
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Preferred Telephone	Preferred Email Address
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Home Address	City	State	Zip Code
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Is this a change of address? Yes No

Section 1: Medical and Dental Plan Options

- Complete **one** option (A or B).
- If enrolling in the CU Health Plan – Medicare, individual must be enrolled in original Medicare Parts A and B. **Copy of Medicare Card Part A and B required.**
- **Enrolling dependents** in medical and/or dental who have **not** previously completed dependent eligibility verification requires DEV documentation in your employee portal through the [DEV form](#) in **addition** to this form. For more information on DEV, visit the [CU DEV website](#) (www.cu.edu/node/116040).
- *Spouse refers to: legal spouse, common law, domestic partner and civil union partner.*

Option A – Medicare-eligible Over/Under age 65 – For 401(a) retirees only. Complete this option if you need coverage for individuals who are Medicare eligible AND individuals who **are not** eligible for Medicare. Only the Medicare individual is able to make changes during this Open Enrollment. The Medicare individual will be covered under the CU Medicare Plan (plan year 1/1 – 12/31) (must be enrolled in Medicare Parts A and B) and the non-Medicare individual will be covered under the CU Health Plan – High Deductible (plan year 7/1 – 6/30).

CU Health Medical Plans:

CU Health Plan Medicare/High Deductible
 Alternate Medicare Payment (AMP – retiree must be Medicare eligible)
 waive
 no change

Coverage Level for Medical:

retiree only
 retiree + spouse
 retiree + children
 family (spouse + child(ren))
 waive

CU Health Dental Plans:

Dental Premier (if retiree is Medicare-eligible, all must enroll in Dental Premier)
 Essential Dental (only for non-Medicare retiree and all dependents)
 Choice Dental (only for non-Medicare retiree and all dependents)
 waive all dental coverage
 no change

Coverage Level for Dental:

retiree only
 retiree + spouse
 retiree + children
 family (spouse + child(ren))
 waive

Option B – Medicare-eligible – For 401(a) retirees only. Complete this option if you and your dependents are eligible for Medicare. If enrolling in the CU Health Plan – Medicare, individual must be enrolled in original Medicare Parts A and B. Copy of Medicare Card Part A and B required.

CU Health Medical Plans:

CU Health Plan Medicare
 Alternate Medicare Payment (AMP – retiree must be Medicare eligible)
 waive
 no change

Coverage Level for Medical:

retiree only
 retiree + spouse
 retiree + children
 family (spouse + child(ren))
 waive

CU Health Dental Plans:

Dental Premier
 waive
 no change

Coverage Level for Dental:

retiree only
 retiree + spouse
 retiree + children
 family (spouse + child(ren))
 waive

Name: _____ ID# _____

Section 1 (cont.): Medical and Dental Plan Participants

Retiree Enrollment

Retiree Last Name First Name Middle Initial Date of Birth

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Medicare-eligible? Yes No Medicare number: _____ (copy of Medicare Card Part A and B required)

Spouse, Common Law, Domestic or Civil Union Partner

Spouse/Partner Last Name First Name Middle Initial Date of Birth

Social Security Number

Relationship to Retiree

spouse

common law spouse

domestic partner

civil union partner

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Is your domestic/civil union partner considered your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](http://www.cu.edu/node/164116) (www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

Medicare-eligible? Yes No Medicare number: _____ (copy of Medicare Card Part A and B required)

Child 1

Child Last Name First Name Middle Initial Date of Birth

Social Security Number

Relationship to Retiree

biological/adopted

stepchild

child for whom you have legal responsibility

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Is your child, from a domestic/civil union partner, considered your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](http://www.cu.edu/node/164116) (www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

Medicare-eligible? Yes No Medicare number: _____ (copy of Medicare Card Part A and B required)

Name: _____ ID# _____

Child 2

Child Last Name First Name Middle Initial Date of Birth

Social Security Number _____

Relationship to Retiree

biological/adopted

stepchild

child for whom you have legal responsibility

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Is your child, from a domestic/civil union partner, considered your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](http://www.cu.edu/node/164116) (www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

Medicare-eligible? Yes No Medicare number: _____ (copy of Medicare Card Part A and B required)

Child 3

Child Last Name First Name Middle Initial Date of Birth

Social Security Number _____

Relationship to Retiree

biological/adopted

stepchild

child for whom you have legal responsibility

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Is your child, from a domestic/civil union partner, considered your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](http://www.cu.edu/node/164116) (www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

Medicare-eligible? Yes No Medicare Number: _____ (copy of Medicare Card Part A and B required)

Additional children? If you need to add more children, please add them in the [Attachment A: Additional Children section](#) of this document.

Section 2: Basic Term Life and Optional Life

Basic Term Life with AD&D

Fill out this section only if you are currently enrolled in the \$3,000 Basic Term Life Insurance.

I waive enrollment (irrevocable election).

No change.

Optional Term Life Insurance

Fill out this section only if you are currently enrolled in the Optional Term Life Insurance.

I elect to decrease (irrevocable) my enrollment in Optional Term Life insurance to \$ _____.

Discount rate (no tobacco use in the last 12 months)

Standard rate (tobacco use in the last 12 months)

I waive enrollment (irrevocable election).

No change.

Beneficiary Information

- If you do **not** designate a beneficiary for your life insurance plans, benefits will be paid according to the provisions of the group policy.
- Beneficiary designations on your most current form revoke all prior designations.
- Primary beneficiary – receives the benefit in the event of your death.
- Contingent beneficiary – receives the benefit only if your primary beneficiary(ies) are deceased.
- If you name more than one primary or contingent beneficiary, indicate the percentage assigned to each and make sure the total in each category equals 100 percent. Use whole numbers only, no decimals.
- To learn more about **beneficiary designation**, visit the [CU How to Manage Life Insurance Beneficiaries website](http://www.cu.edu/employee-services/how-manage-life-insurance-beneficiaries) (www.cu.edu/employee-services/how-manage-life-insurance-beneficiaries).

Change or designate your primary and contingent beneficiaries:

primary	contingent	Name (Last)	(First)	(MI)	Relationship	Date of Birth	%
primary	contingent	Name (Last)	(First)	(MI)	Relationship	Date of Birth	%
primary	contingent	Name (Last)	(First)	(MI)	Relationship	Date of Birth	%
primary	contingent	Name (Last)	(First)	(MI)	Relationship	Date of Birth	%

Name: _____ ID# _____

General Fraud Statement

Any employee, employee's dependent(s), or other individual(s) who knowingly provides false, incomplete, or misleading facts or information on any Benefits Enrollment/Change Form, benefits enrollment website, affidavit, or other document for the purpose of defrauding or attempting to defraud the university's benefits plans hereto commits a fraudulent act. Any such person will be subject to civil and/or criminal penalties, fines, denial of enrollment in any or all the university's benefits plans, or as provided in regulations, statutes, and applicable written directives.

Authorization and Signature – Read, Sign and Send in

I certify that by completing, signing and returning this form, I agree to abide by the eligibility, enrollment and election procedures for my University of Colorado benefits as outlined on the [Employee Services website](http://www.cu.edu/benefits) (www.cu.edu/benefits).

By signing this form, I attest that I have reviewed the dependent eligibility definitions and that the information I am sending is true and accurate. I understand that if I have knowingly provided false or misleading information related to the enrollment of an ineligible dependent in a benefits plan, I may be subject to discipline, and the university may be required to take action to recover funds expended due to fraud or fiscal misconduct.

I certify that I have been given the opportunity to enroll for group benefits insurance as offered by and through the University of Colorado. I understand that I cannot change certain elections until the next Open Enrollment period unless I have a Qualifying Life Change.

I agree to utilize the appeal procedure(s) established by the carrier(s)/administrator for resolving claims disputes. Depending on the conditions set forth by the carrier, this agreement may require binding arbitration instead of a court trial for dispute resolution.

I acknowledge that carriers may release certain information about me and/or my dependent(s) when required under federal or state law, or pursuant to legal process, and may release and obtain medical information to or from other carriers, providers, and public agencies for the purpose of providing health care services, to facilitate payment for these services, and conduct related administrative operations.

I agree to abide by the eligibility, enrollment and election procedures and payment of premiums for my University of Colorado benefits as outlined in this form and on the Employee Services website.

Signature: _____ Date: _____

Complete Your Enrollment: How to Upload This Form

Upload your Benefits Enrollment/Change Form electronically for a fast and secure method to complete your enrollment:

1. **Complete** and **sign** (page 6). **Note:** you can type your name in the signature field as an acceptable signature.
2. **Save** this form to your device.
3. **Upload** your saved form and supporting documents if applicable. You will be prompted to sign into your employee portal if you are not already signed in.

If you **do not** have access to the employee portal, securely [upload your form](#).

Dependent eligibility verification (DEV)

If you are enrolling a NEW dependent that has not previously completed dependent eligibility verification with Employee Services, you may upload your supporting documents with this Benefits Enrollment/Change Form or you will need to complete the DEV process in your [employee portal](#) within 31 days of Open Enrollment.

Alternate Ways to Complete Enrollment

In the event you are unable to complete your enrollment electronically, you may do so in the ways described below. Note that these methods do take longer to process.

Make a copy and mail the original to:

Employee Services
University of Colorado
1800 Grant Street, Suite 400
Denver, CO 80203

By fax

Fax to 303-860-4299 (retain a copy of the fax transmission)

By email

Documents with personal information should never be emailed for security reasons.

Alternate DEV submission

If you are unable to access your portal and need to submit DEV documentation, go to the [DEV website](#) (www.cu.edu/node/116040). This is only recommended in the rare case you do not have access to your employee portal. DEV submitted this way will take longer to process.

Name: _____ ID# _____

Attachment A: Additional Children

Child 4

Child Last Name	First Name	Middle Initial	Date of Birth
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Social Security Number _____

Relationship to Retiree

biological/adopted

stepchild

child for whom you have legal responsibility

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Is your child, from a domestic/civil union partner, your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](http://www.cu.edu/node/164116) (www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

Medicare-eligible? Yes No Medicare Number: _____ (copy of Medicare Card Part A and B required)

Child 5

Child Last Name	First Name	Middle Initial	Date of Birth
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Social Security Number _____

Relationship to Retiree

biological/adopted

stepchild

child for whom you have legal responsibility

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Is your child, from a domestic/civil union partner, your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](http://www.cu.edu/node/164116) (www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

Medicare-eligible? Yes No Medicare Number: _____ (copy of Medicare Card Part A and B required)

Name: _____ ID# _____

Child 6

Child Last Name	First Name	Middle Initial	Date of Birth
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Social Security Number _____

Relationship to Retiree

biological/adopted

stepchild

child for whom you have legal responsibility

Gender (please check one – required for insurance enrollment)

male

female

U/X (unspecified or another gender identity)

Is your child, from a domestic/civil union partner, your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](http://www.cu.edu/node/164116) (www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

Medicare-eligible? Yes No Medicare Number: _____ (copy of Medicare Card Part A and B required)