

# CU Benefit Enrollment/Change Form Plan Year 2022-2023

## Retiree

### Instructions

- This form cannot be completed in a web browser, please **download** it to your desktop and **open** it in Adobe or Adobe Reader before completing.
- You have **31 days** from your date of benefits eligibility or Qualifying Life Change to complete and send in this enrollment/change form. [Plan information](#) and current [rate](#) information are available at <https://www.cu.edu/employee-services/benefits-wellness/retiree>
- If you are enrolling any dependents in a health, optional life and/or voluntary AD&D plan, who have NOT previously completed [dependent eligibility verification \(DEV\)](#), you must provide dependent eligibility verification documentation in your [employee portal](#) in addition to completing and sending this **Benefit Enrollment/Change Form**.
- 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.

### Type of Enrollment

*Must select one box*

**Newly Retired**– Benefits effective: \_\_\_\_\_  
*mm/dd/yyyy*

**Qualifying Life Change:**

Type of Qualifying Life Change: \_\_\_\_\_

Date of Qualifying Life Change: \_\_\_\_\_  
*mm/dd/yyyy*

*Allowable changes to benefit elections are limited based on the Qualifying Life Change. [Click Here](#) to learn what changes are permissible or visit: [www.cu.edu/employee-services/benefits-wellness/current-employee/life-changes](http://www.cu.edu/employee-services/benefits-wellness/current-employee/life-changes)*

### Retiree Information

*Completion of all sections is required*

Employee ID Number – **REQUIRED**                      Name (Last)                      (First)                      (Middle Initial)

Date of Retirement (mm/dd/yyyy)                      Retirement Plan 401(a) or PERA

Preferred Telephone                      Preferred Email Address

Home Address                      City                      State                      Zip Code

Is this a change of address?                      Yes                      No

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

## Section 1: Medical and Dental

**Complete** one option (A, B or C) below. **Check** one box under CU Health Plan, one box under Dental Plan Options, and one box under Coverage Levels.

<b>OPTION A – UNDER AGE 65</b> – For 401(a) or PERA retirees. Complete this option only if you and your dependents are NOT eligible for Medicare.		
<b>CU Health Medical Plans:</b>  Exclusive*  Kaiser*  High Deductible (HSA Compatible)  Waive medical coverage  No change  <small>*CU Health Plan Exclusive is only available to Colorado residents &amp; CU Health Plan Kaiser is available in specific geographic regions in Colorado.</small>	<b>CU Health Dental Plans:</b>  Essential Dental  Choice Dental  Waive dental coverage  No change	<b>Coverage Level:</b>  Medical    Dental  Retiree Only  Retiree + Child(ren)  Retiree + Spouse*  Family (spouse*+child(ren))  Waive  No change
<b>OR</b>		
<b>OPTION B – MEDICARE-ELIGIBLE/UNDER AGE 65</b> – 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. *** (Over/Under Plan)		
<b>CU Health Medical Plans:</b> Choose only 1 of the following options:  CU Health Plan – Medicare**/High Deductible (HSA Compatible)  Alternate Medicare Payment (AMP) – retiree must be Medicare eligible  Waive (NO medical coverage/NO AMP)  No change	<b>CU Health Dental Plans:</b>  Dental Premier  Waive dental coverage  No change	<b>Coverage Level:</b>  Medical    Dental  Retiree Only  Retiree + Child(ren)  Retiree + Spouse*  Family (spouse*+child(ren))  Waive  No change
<b>OR</b>		
<b>OPTION C – MEDICARE-ELIGIBLE</b> – For 401(a) retirees ONLY. Complete this option if you and your dependents ARE eligible for Medicare.		
<b>CU Health Medical Plans:</b> Choose only 1 of the following options:  CU Health Plan – Medicare**  Alternate Medicare Payment (AMP)  Waive (NO medical coverage/NO AMP)  No change	<b>CU Health Dental Plans:</b>  Dental Premier  Waive dental coverage  No change	<b>Coverage Level:</b>  Medical    Dental  Retiree Only  Retiree + Child(ren)  Retiree + Spouse*  Family (spouse*+child(ren))  Waive  No change

\*Includes: Spouse, Common Law, Domestic Partner and Civil Union Partner

\*\*The Medicare individual will be covered under the CU Medicare (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.

\*\*\*If enrolling in the CU Health Plan – Medicare, individual must be enrolled in original Medicare Parts A and B. Documentation required.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**Dependent Enrollment****Important**

Complete all information. If not applicable, write N/A. If you need to add more children, please make copies of this page.

**Retiree Enrollment**

Last, First, MI \_\_\_\_\_

Gender:    Male    Female                      Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
(please check one – required for insurance enrollment)

Medicare-eligible?    Yes    No                      Medicare Claim Number: \_\_\_\_\_ (Documentation Required)

**Spouse, Common Law Spouse, Domestic Partner, Civil Union Partner**

Last, First, MI \_\_\_\_\_

Gender:    Male    Female                      Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SS Number \_\_\_\_\_  
(please check one – required for insurance enrollment)

Relationship to retiree:    Spouse    Common Law Spouse    Domestic Partner    Civil Union Partner

Domestic/Civil Union Partners: Is your Domestic/Civil Union Partner your qualified tax dependent for health coverage?

Yes, submit the Tax Certification of Dependency Form found at [www.cu.edu/node/164116](http://www.cu.edu/node/164116) with your enrollment.No, you will be subject to imputed income (taxable income). For more information, go to [www.cu.edu/node/56944](http://www.cu.edu/node/56944).

Medicare-eligible?    Yes    No                      Medicare Claim Number: \_\_\_\_\_ (Documentation required)

**Child 1**

Last, First, MI \_\_\_\_\_

Gender:    Male    Female                      Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SS Number \_\_\_\_\_  
(please check one – required for insurance enrollment)

Relationship to retiree:    Biological/adopted Child    Stepchild (child of spouse/partner)

Child for whom you have legal responsibility

Domestic/Civil Union Partners: Is your Domestic/Civil Union Partner your qualified tax dependent for health coverage?

Yes, submit the Tax Certification of Dependency Form found at [www.cu.edu/node/164116](http://www.cu.edu/node/164116) with your enrollment.No, you will be subject to imputed income (taxable income). For more information, go to [www.cu.edu/node/56944](http://www.cu.edu/node/56944).

Medicare-eligible?    Yes    No                      Medicare Claim Number: \_\_\_\_\_ (Documentation required)

**Child 2**

Last, First, MI \_\_\_\_\_

Gender:    Male    Female                      Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SS Number \_\_\_\_\_  
(please check one – required for insurance enrollment)

Relationship to retiree:    Biological/adopted Child    Stepchild (child of spouse/partner)

Child for whom you have legal responsibility

Domestic/Civil Union Partners: Is your Domestic/Civil Union Partner your qualified tax dependent for health coverage?

Yes, submit the Tax Certification of Dependency Form found at [www.cu.edu/node/164116](http://www.cu.edu/node/164116) with your enrollment.No, you will be subject to imputed income (taxable income). For more information, go to [www.cu.edu/node/56944](http://www.cu.edu/node/56944).

Medicare-eligible?    Yes    No                      Medicare Claim Number: \_\_\_\_\_ (Documentation required)

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**Section 2: Basic Term Life and Optional Term Life**

Contact The Standard 800-378-4668 for conversion and portability information.

**Basic Term Life Insurance**

**Retiree Enrollment** - \$3,000 Basic Term Life Insurance. Premium is paid by the university for normal retiree. Prorated premium for early retiree. Enrollment only available at time of retirement.

- I elect to enroll in the Retiree Basic Term Life Insurance
- I waive enrollment
- No change

**Optional Term Life Insurance**

**Retiree Enrollment**- Benefits-eligible retirees may be eligible to enroll in Optional Term Life insurance up to 25% of current optional life insurance amount not to exceed \$9,500. Enrollment only available at the time of retirement and if currently enrolled.

- I elect to enroll, or decrease my enrollment in Optional Term Life insurance in the amount of \$ \_\_\_\_\_  
(not to exceed \$9,500)
  - Discount rate (no tobacco use in the last 12 months)
  - Standard rate (tobacco use in the last 12 months)
- I waive enrollment
- No change

List your Basic Term Life & Optional Term Life beneficiary(ies) below. If you name more than one primary or contingent beneficiary, please indicate the percentage assigned to each and make sure the total in this category equals 100 percent. Use whole numbers **only**, no decimals.

Beneficiary(ies)	Name(s): Last, First, MI	Relationship	Date of Birth	%
Primary				%
Primary				%
Contingent				%
Contingent				%

- If you do not designate a beneficiary for your life insurance, benefits will be paid according to the provisions of the Group Policy. Beneficiary elections do not roll-over from active coverage.
- Beneficiary designations on this form revoke all prior designations.
- PRIMARY BENEFICIARY(IES)** receive the benefit in the event of your death.
- CONTINGENT BENEFICIARY(IES)** receive the benefit only if your primary beneficiary(ies) are deceased.
- If you name more than one primary or contingent beneficiary, please indicate the percentage assigned to each and make sure the total in this category equals 100 percent. Use whole numbers **only**, no decimals.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

## General Fraud Statement

Any retiree, retiree'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 of the university's benefit 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 at [www.cu.edu/benefits](http://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 hereby authorize the University of Colorado to deduct the necessary premiums, if any, from my paycheck or bill me directly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

## Complete Your Enrollment Through Secure Upload

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

1. **COMPLETE** and **SIGN** (page 5)
2. **SAVE** this form to your device
3. **CLICK** to **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 [HERE](#).

### Dependent eligibility verification (DEV)

If you are enrolling a NEW dependent that has not 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 the date the dependent was added to benefits.

## 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, [Click Here](#) or go to <https://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.