



STATE OF DELAWARE OFFICE OF PENSIONS
APPLICATION FOR NON-MEDICARE HEALTH CARE COVERAGE

If refusing coverage, please complete Section A and sign the refusal at the bottom of page ONLY.

A. PERSONAL: Male/Female, Retiree/Spouse, Dependent, Pension ID OR SSN, Agency: OFFICE OF PENSIONS, Last Name, First Name, Date of Birth, Phone Number, Alternate Phone Number, Address, City, State, Zip Code

B. REASON FOR APPLICATION:

Effective Date, \*ADD DEPENDENTS DUE TO (Marriage, Adoption, etc.), \*CANCEL DEPENDENTS DUE TO (Divorce, Over age, etc.)

C. HEALTH CARE COVERAGE CHOICES:

COVERAGE IS FOR: Individual, Spouse, Child(ren), Family; PLEASE MAKE ONE HEALTHCARE COVERAGE CHOICE: Highmark Delaware First State Basic Plan, Aetna HMO Plan, etc.

Spousal Coordination of Benefits (SCOB): If you have selected Individual & Spouse or Family Coverage, you MUST complete the SCOB Form upon initial enrollment...

D. ELIGIBLE DEPENDENTS TO BE COVERED / PRIMARY CARE PHYSICIAN SELECTION:

\*If you choose Aetna HMO coverage, you MUST include an Aetna in-network primary care physician (PCP) for yourself, spouse and all eligible dependents. If more space is needed to list dependents, please use a separate form and attach it to this application.

Table with columns for Name of Your Primary Care Physician, Physician's ID Number, Add/Cancel, Spouse's Last Name, First Name, Birth Date, Spouse's SSN, Spouse's Primary Care Physician, Physician's ID Number, etc.

E. TERMS OF AGREEMENT:

I understand that: 1) Rights to service are subject to acceptance of this application... 2) I certify that all representations and information supplied by me are true... 3) I authorize my employer... 4) I, on behalf of myself and my covered dependents... 5) I, on behalf of myself and my covered dependents...

I ELECT to participate in the State Health Insurance and agree to the above terms. This is a binding election. I REFUSE to participate in the State Health Insurance. X SIGNATURE DATE X SIGNATURE DATE

RETURN THIS FORM TO: Office of Pensions, 860 Silver Lake Blvd., Suite 1, Dover, DE 19904, FAX 302-739-6129, or Email: PENSIONOFFICE@DELAWARE.GOV.