

**HEALTH CARE INSURANCE FOR RETIREES
2011 OPEN ENROLLMENT PLAN CHANGE FORM**

— Please Print —

NAME:	RETIREE ID NUMBER:
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I would like to make the following changes to my healthcare insurance:

	CURRENT INSURANCE PLAN	EFFECTIVE NOVEMBER 1 st CHANGE PLAN TO
MEDICAL Select ONE in Each Column	<input type="checkbox"/> Blue Cross PPO <input type="checkbox"/> Blue Cross Traditional <input type="checkbox"/> Health Alliance Plan (HAP) HMO <input type="checkbox"/> Opt Out / Waive Medical Coverage	<input type="checkbox"/> Blue Cross PPO <input type="checkbox"/> Blue Cross Traditional <input type="checkbox"/> Health Alliance Plan (HAP) HMO <input type="checkbox"/> Opt Out / Waive Medical Coverage
DENTAL* Select ONE in Each Column	<input type="checkbox"/> Golden Dental Plan Dental HMO <input type="checkbox"/> Midwestern Dental HMO <input type="checkbox"/> Dencap Dental HMO <input type="checkbox"/> DeltaCare USA Dental HMO <input type="checkbox"/> Opt Out / Waive Dental Coverage	<input type="checkbox"/> Golden Dental Plan Dental HMO <input type="checkbox"/> Midwestern Dental HMO <input type="checkbox"/> Dencap Dental HMO <input type="checkbox"/> DeltaCare USA Dental HMO <input type="checkbox"/> Opt Out / Waive Dental Coverage
VISION* Select to Enroll	Select ONLY if you want to <u>supplement</u> your current retiree optical reimbursement benefit.* Election of this benefit will NOT replace your current optical plan.	<input type="checkbox"/> Heritage Vision Plan

** IMPORTANT: Retiree Dental and Vision plan options are voluntary / supplemental benefits subject to monthly premiums paid by the retiree; the employer is not responsible for any cost associated with election of a supplemental benefit by the retiree.*

NOTE: You must also complete an *Enrollment / Change of Status form* to cancel your current coverage and to enroll in your new coverage.

I am adding one or more dependents to my coverage: Yes No

NOTE: IF YES, attach an *Enrollment / Change of Status form* for the insurance to be in effect on October 1, 2010. To add a spouse you must include a marriage certificate. To add a child you must include a birth certificate and, in the case of adoption or guardianship, legal documentation. If the child being added is between the ages of 19 and 26, inclusive, you must also complete a *Certification of No Other Coverage* form. To add other types of dependents, please contact Benefits Administration at (313) 224-7721.

I am canceling one or more dependents from my coverage: Yes No

NOTE: IF YES, attach an *Enrollment / Change of Status form* for the insurance to be in effect on October 1, 2010. You are requested to provide legal documentation to remove a spouse from your coverage (e.g., divorce decree, death certificate, etc.). Failure to provide stated documentation may result in a loss of COBRA rights and delays in processing.

I am a former dependent of a retiree currently being covered under COBRA: Yes No

I understand that the changes that I have requested will be effective November 1st of this year and the appropriate deduction towards the cost of healthcare coverage, if any, will be taken each month from my monthly pension check or charged to me monthly in order to maintain that coverage.

Office Use Only

Signature

Date

CC: