RETIREE HEALTH CARE INSURANCE

2009 OPEN ENROLLMENT PLAN CHANGE FORM

— Please Print —

NAME:	**RETIREE ID:**

I would like to make the following changes to my medical and/or dental insurance:

	CURRENT INSURANCE PLAN:	**EFFECTIVE OCTOBER 1st CHANGE PLAN TO:**
MEDICAL Select ONE in Each Column	☐ Blue Cross PPO ☐ Blue Cross Traditional ☐ Health Alliance Plan (HAP) HMO ☐ Opt Out / Waive Medical Coverage	☐ Blue Cross PPO ☐ Blue Cross Traditional ☐ Health Alliance Plan (HAP) HMO ☐ Opt Out / Waive Medical Coverage
DENTAL Select ONE in Each Column	☐ Blue Cross Traditional ☐ Golden Dental Plan DHMO ☐ Midwestern Dental DHMO ☐ DENCAP Dental DHMO ☐ Delta Dental DHMO ☐ Opt Out / Waive Dental Coverage	☐ Blue Cross Traditional ☐ Golden Dental Plan DHMO ☐ Midwestern Dental DHMO ☐ DENCAP Dental DHMO ☐ Delta Dental DHMO ☐ Opt Out / Waive Dental Coverage

NOTE: You must also complete an *Enrollment/Change of Status form* to cancel your current coverage and to enroll in your new coverage. (Only one form needed to cancel and to enroll plans and/or eligible dependents).

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 Oct 1st of this year. 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 25, inclusive, you must also complete a IRS Form 4506T to verify dependency. To add other types of dependents, please contact Benefit 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 Oct 1st of this year. You must provide documentation to remove a spouse from your coverage (e.g., divorce decree, death certificate, etc.).

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

I understand that the changes that I have requested will be effective October 1st of this year

Office Use Only (CC)

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Signature *Date*