2025 SELECT PLAN ENROLLMENT FORM

Read instructions on reverse side to complete form • Please print in dark black or blue ink or type

city of CINCINNATI RETIREMENT

NOTE: The Pensioner is the individual currently receiving monthly pension benefits from the Cincinnati Retirement System.

1 PENSIONER INFO

Social Security No.	Last Name	First Name	Initial	Sex	Date of Birth	Enrollment Date
				☐ Male ☐ Female	Mo. Day Yr.	

Home Address | City | State | Zip Code | County

Home Phone Number | Mobile Phone Number | Email Address

2 MEDICARE

UPON ELIGIBILITY - MEDICARE BECOMES YOUR PRIMARY INSURANCE COVERAGE

☐ Pensioner Medicare A No. _____ Effective Date ____ /____ /____ Spouse Medicare A No. _____ Effective Date ____ /____ /____

☐ Pensioner Medicare B No. _____ Effective Date ____ /____ /____ Spouse Medicare B No. _____ Effective Date ____ /____ /____

3 DEPENDENT INFORMATION

List below Pensioner, spouse and all unmarried dependent children for whom Health Care coverage is being requested. The pensioner MUST be covered by each plan (medical, dental, vision) for which they are requesting coverage for a spouse or dependent.

Select your desired coverage below

Name	Relationship	Birth Date M/D/Y	Gender M/F	Social Security No.	MEDICAL YES	MEDICAL NO	DENTAL BASIC YES	DENTAL BASIC NO	DENTAL PLUS YES	DENTAL PLUS NO	VISION YES	VISION NO
PENSIONER	SELF				☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐

MONTHLY PREMIUM

MEDICAL

PENSIONER ONLY		**PENSIONER + CHILD(REN)**	
Non-Medicare	$71.61	Non-Medicare	$90.54
Medicare Enrolled	$16.46	Medicare Enrolled	$35.40
PENSIONER + SPOUSE		**PENSIONER + SPOUSE + CHILD(REN)**	
Both Non-Medicare	$143.21	Both Non-Medicare	$162.15
Non-Medicare + Medicare Enrolled	$88.07	Non-Medicare + Medicare Enrolled	$107.01
Both Medicare Enrolled	$32.93	Both Medicare Enrolled	$51.86

DENTAL

BASIC	
Pensioner	$26.45
Pensioner + Spouse	$52.70
Pensioner + Child(ren)	$51.35
Family	$77.84
PLUS	
Pensioner	$36.10
Pensioner + Spouse	$71.93
Pensioner + Child(ren)	$70.09
Family	$106.25

VISION

Pensioner	$2.40
Pensioner + Spouse	$4.57
Pensioner + Child(ren)	$4.80
Pensioner + Spouse + Child(ren)	$7.06

I certify all information is true and correct to the best of my knowledge. I understand that I am responsible for notifying CRS in the event of life changes, such as death or divorce. I acknowledge that, if CRS is not notified in a timely manner, I may be subject to repayment penalties, potential loss of healthcare coverage, and even criminal prosecution. I understand that by applying for the type of coverage checked, I authorize my pension system to deduct from my pension benefit payment, the required premiums for the coverage hereon applied for. I further authorize any provider of medical, dental or vision services, insurance company or any other organization to release to Anthem Blue Cross & Blue Shield any information regarding my coverage.

Pensioner Signature _____ Date _____ Retiree Name *(if different than Pensioner)* _____

INSTRUCTIONS FOR COMPLETING THE HEALTH CARE ENROLLMENT FORM

1. The Pensioner is the individual currently receiving monthly pension benefits from the Cincinnati Retirement System.

2. In section 1, fill in your Social Security Number, your name, current address, city, state, zip code and county, your date of birth, and your current phone numbers. If you have an email address, please provide that address.

3. In section 2, if applicable provide the Medicare account number and effective date for each type of Medicare coverage for yourself and/or your spouse.

4. In section 3, list yourself as Pensioner, your spouse and all eligible dependents for whom you are requesting to purchase Health Care coverage with the City of Cincinnati Retirement System. Be sure to provide name, date of birth, Social Security #, gender and relationship for each dependent listed.

5. For yourself and each eligible dependent, indicate the type of healthcare coverage being purchased (Medical, Dental, Vision) by circling **YES** or **NO** on the form for that individual. Remember that in order to enroll a dependent for any type of Health Care coverage, the Pensioner MUST be enrolled for that same type of coverage (Medical, Dental, Vision).

6. Pensioners are responsible for notifying CRS in the event of life changes, such as death or divorce. If CRS is not notified in a timely manner, Pensioner may be subject to repayment penalties, potential loss of Health Care coverage, and even criminal prosecution.

7. Sign and date the form. If you are a spouse of a deceased retiree or a guardian of surviving dependents of a deceased retiree, please print the retiree's name as indicated. The State of Ohio only recognizes Common Law marriages established prior to 1991. It is considered fraud if you list your live-in companion as spouse on your insurance forms.
   You must sign and date your Health Care Enrollment Form.

ENROLLMENT CHANGES DURING THE YEAR

Pensioners can elect to purchase coverage for themselves and their eligible spouse and dependents for the next calendar year. Pensioners can ONLY change their election (add or remove a person) during the annual enrollment period in October & November each year. Any change **AFTER** the start of the calendar year **MUST** be related to a qualifying event such as:

- Change in the Pensioner's legal marital status (such as death or divorce);
- Change in a covered person's employment status that affects other benefit eligibility;
- Dependent ceases to satisfy dependent eligibility requirements.

FULL-TIME STUDENT VERIFICATION

Health Care coverage for eligible dependents is available through the end of the month in which they turn age 19, or age 24 **IF** they are unmarried and full-time students at an accredited school. Pensioners requesting to purchase Health Care coverage for eligible dependent children from age 19 to age 24 **are required to provide verification of full-time student status** in December AND in August.

RETURN THIS FORM TO:
CINCINNATI RETIREMENT SYSTEM, 801 PLUM ST, SUITE 328, CINCINNATI, OH 45202
BEFORE THE END OF THE ANNUAL OPEN ENROLLMENT PERIOD.