Retiree Benefits Enrollment Form
Plan Year 2027 – Dallas County

HR Use Only	Data Entry Use Only
Date Rec'd _____	Date Entered_____
Rec'd By _____	Entered By _____

PEBC PUBLIC EMPLOYEE BENEFITS COOPERATIVE

STEP 1 – ENTER RETIREE OR SUBSCRIBER INFORMATION.

Is this an address change? ___ YES ___ NO

Retiree/Subscriber Name (Last, First, Middle Initial)		Social Security Number	Are you enrolled in both Medicare Part A & Part B?
Street Address	City, State, Zip	Home or Cell Phone	Retiree Medicare ID Number

☐ I am enrolling as the retiree ☐ I am enrolling as the surviving spouse of a deceased retiree _____
Deceased retiree name

Email Address_____

STEP 2 – ENROLLMENT EVENT.

Annual Enrollment (coverage effective 1/1/2027)	**New Retiree**
☐ No change from current year (skip to signature line below)	Retirement Date _____ Effective date _____
☐ Change coverage for 2027 (enter selected coverage below)	☐ Add coverage (enter selected coverage below)
☐ I decline all coverage	☐ I decline all coverage

STEP 3 – ENROLLMENT. Enter the information requested for each person enrolling in a medical, dental or vision plan. Line 2 is reserved for spouse; leave blank if spouse is not enrolling in a plan. Indicate if you want to enroll in a medical plan (Yes/No) and then select a dental and/or vision plan. Go to Step 4 to indicate your chosen medical plan. You cannot add new coverage but you can change plans. All must enroll in the same coverage as the retiree and enrollment is subject to dependent and plan eligibility.

ANT = Delta Dental Care USA DHMO Plan **PEB** = PEBC Dental Plan (Delta Dental DPPO) **VIS** = VSP Vision Plan

	Relationship (Self, Spouse, Child, Grandchild)	Retiree/Subscriber Name (Last, First, MI) If address is different than retiree address above, enter address below.	Social Security Number	Date of Birth	Marital Status: Married Single M/S	Gender	**Medical Plan** *enter* **Yes/No** *If Yes, go to Step 4*	**Dental Plan** *enter* **ANT, PEB** or **None**	**Vision Plan** *enter* **VIS** or **None**
1	**Self**		See Above			M / F			
2	**Spouse***					M / F			
3						M / F			
4						M / F			

Spouse Medicare ID Number (if enrolling in MPO or PMA) _____ Email Address_____

STEP 4 - SELECT A MEDICAL PLAN. ***Spouse Medical Plan Surcharge Affidavit required if enrolling spouse in medical plan.**

Retiree enrolled in Medicare Parts A & B *(Required)* regardless of age	**Retiree under age 65**
☐ **MPO –** Blue Cross Group Medicare Advantage **PPO** plan for health care and prescription drug coverage ☐ **MPD*** if non-Medicare dependents enrolled in PPO Plan	☐ **PPO* –** PEBC PPO Plan
☐ **PMA –** Blue Cross Group Medicare Advantage **HMO** plan for health care and prescription drug coverage ☐ **PMD*** if non-Medicare dependents enrolled in PPO Plan	☐ **HDP* –** High deductible plan with HSA (a qualified high deductible health plan) *referred to as the HDP Plan.* Read the information on the back of the form before you enroll.
☐ **I decline medical plan coverage**	☐ **I decline medical plan coverage**

_____ _____ _____ _____

Retiree Signature Date **Spouse Signature** (if enrolling in MPO or PMA) Date

I certify the information above is true and correct, that my covered dependents (if any) are eligible for the plan(s), dependents are subject to validation of documents proving dependent eligibility, ineligible dependents will be removed from the plan(s), and I could be subject to penalties connected to enrollment of an ineligible dependent. I acknowledge that if I enroll my spouse on my medical plan, premium cost could increase based on my spouse's enrollment in his/her employer medical plan and/or my failure to return the Spouse Medical Plan Surcharge Affidavit by the date due. I agree to read my enrollment information and the information found on the back of this form.

Important Information – Read Carefully

Spouse Medical Plan Surcharge and Required Affidavit

If you enroll your spouse in one of your employer retiree group medical plans listed below, carefully read this information about the $200/month spouse surcharge. You can still enroll your eligible spouse on your medical plan, but if your spouse is still working and declined his/her employer medical coverage, then you will pay more to enroll your spouse in the PPO Plan (includes PMD, MPD) or HDP. This applies to surviving spouses enrolled in the PPO Plan (PMD, MPD) or HDP.

***Important**: If you enrolled your spouse in the PPO Plan (includes PMD or MPD), or the HDP, then you MUST complete a Spouse Medical Plan Surcharge Affidavit and turn it in to the Human Resources Department by the date due. It is best to turn it in during annual enrollment. If you do not turn in the form, you will automatically be charged the surcharge if you cover your spouse in any of the plans listed above. If the spouse surcharge applies to you, it is in addition to your monthly retiree medical plan premium. More information is included in your enrollment packet and at pebcinfo.com.*

When will the spouse surcharge apply to you? If you enroll your spouse in the PPO, PMD, MPD or HDP, and:

1. Your spouse is also employed; and
2. Your spouse's employer offers a medical plan; and
3. Your spouse did NOT enroll in his/her employer medical plan.
4. The surcharge will also apply if you cover your spouse and did not complete and turn in the required Spouse Medical Plan Surcharge Affidavit by the date due, regardless of whether the surcharge applies.

When will the spouse surcharge not apply to you?

1. Your spouse does not work outside the home and has no access to employer coverage; or
2. Your spouse works, but spouse's employer does not offer medical coverage or your spouse is not eligible for that coverage;
3. Your spouse's other coverage is Medicare (Part A and Part B), Medicaid, TRICARE or care received at a VA Facility.
4. Your spouse is enrolled in your Medicare Advantage PPO Plan (MPO) or Medicare Advantage HMO Plan (PMA); or
5. Your spouse works and enrolled in spouse's employer medical plan (proof of enrollment required) and also enrolled in your medical plan (dual coverage).

Don't forget! Complete, sign and date the required Spouse Medical Plan Surcharge Affidavit and turn it in during annual enrollment if you cover your spouse on your medical plan.

High Deductible Plan (HDP)

If you are not enrolled in Medicare and enrolling in the High Deductible Plan (HDP) with Health Savings Account (HSA)

You must file IRS Form 8889 with your annual tax return to report contributions to and distributions from your HSA. HSA contributions, investment earnings (if any) and withdrawals (if made for qualified medical expenses) are generally not taxable for federal (and, in most cases, state and local) income tax purposes. However, under certain circumstances, your HSA may be subject to taxes and/or penalties. And, if your HSA contributions for any year exceed the annual limit, you are responsible for contacting your bank to request a refund of the excess.

Be sure to save receipts for all withdrawals from your HSA. You are responsible for verifying eligible medical expenses under the IRS tax code. Some of your responsibilities include:

- Determining your eligibility to contribute to an HSA
- Keeping receipts to show you used your HSA for qualified medical expenses
- Tracking contribution limits and withdrawing any excess contributions
- Making sure funds are transferred to a qualified HSA, and
- Identifying tax implications and reporting distributions to the IRS.

Contact your HSA bank for detailed information about eligible expenses and your responsibilities regarding contributions and record keeping. To make sure your HSA contributions and any investment earnings remain free of income taxes, penalties and/or excise taxes, make sure you understand the eligibility and contribution rules for HSAs. Since this is your personal account and you are responsible for compliance with the tax rules, it is recommended you consult with your personal tax advisor about your personal situation. Your employer cannot provide you tax advice. If you enroll in Medicare, you are no longer eligible to contribute to an HSA; however, you can use the funds already in your HSA for qualified medical expenses (see IRS Publication 969).