



# Retiree Health Dependent Change

FOR OFFICE USE ONLY

**Toll-Free: (800) 821-2251**  
alaska.gov/drb

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
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**PERSONAL DATA**

**PLEASE TYPE OR PRINT CLEARLY**

RETIREE NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER
CONTACT TELEPHONE NUMBER	EMAIL ADDRESS

**DEPENDENT**  **ADDITION**  **DELETION**

DEPENDENT (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH
RELATIONSHIP <input type="checkbox"/> Spouse <input type="checkbox"/> Retiree's Child <input type="checkbox"/> Retiree's Step-Child <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Male	Full-time student	I am adding/deleting this dependent because of the following event:    Date of the Event _____
<input type="checkbox"/> Female	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth or Adoption <input type="checkbox"/> Death <input type="checkbox"/> Other (explain) _____
MAILING ADDRESS (IF DIFFERENT FROM RETIREE'S)		

**DEPENDENT**  **ADDITION**  **DELETION**

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RELATIONSHIP <input type="checkbox"/> Spouse <input type="checkbox"/> Retiree's Child <input type="checkbox"/> Retiree's Step-Child <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Male	Full-time student	I am adding/deleting this dependent because of the following event:    Date of the Event _____
<input type="checkbox"/> Female	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth or Adoption <input type="checkbox"/> Death <input type="checkbox"/> Other (explain) _____
MAILING ADDRESS (IF DIFFERENT FROM RETIREE'S)		

<p><b>DENTAL-VISION-AUDIO (DVA) BENEFITS:</b> If you currently have DVA coverage, your level of coverage may increase only within 120 days after marriage, the birth or adoption of your child, or during an open enrollment period for PERS Tier II and III, and TRS Tier II early retirements.</p> <p>Change my DVA coverage to:</p> <input type="checkbox"/> No DVA coverage <input type="checkbox"/> DVA coverage for myself (retiree) only <input type="checkbox"/> DVA coverage for myself and my spouse <input type="checkbox"/> DVA coverage for myself, my spouse, and children <input type="checkbox"/> DVA coverage for myself and children	<p><b>LONG-TERM CARE (LTC) BENEFITS:</b> If you have chosen coverage for yourself and you marry, you may request coverage for your new spouse within 120 days after your marriage date. Your new spouse will be required to provide information on his or her health and will be subject to approval or denial by the claims administrator.</p> <p>I elect the following LTC coverage for my spouse:</p> <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> I elect no LTC coverage for my spouse <input type="checkbox"/> Cancel LTC coverage for my spouse
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**CERTIFICATION AND SIGNATURE**

I acknowledge that if I do not elect DVA for my dependents or LTC coverage for my new spouse or if I am dropping that coverage, I waive all rights to future coverage and I am not eligible to re-enroll. Changes in coverage are effective only after receipt of written request and are not retroactive.

I authorize the deduction of premiums from my benefit check for the coverage elected above.

I understand that my dependents between the ages of 19-23 are required to be registered at, and attending on a full-time basis, an accredited educational or technical institution recognized by the Department of Education and Early Development. I further understand that it is my responsibility to notify the Division of Retirement and Benefits if my dependent no longer meets the eligibility requirements as a dependent.

In completing this form, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than \$500.00 or by imprisonment for not more than twelve months or both. AS 39.35.670; AS 11.56.210. I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and/or benefits from the system unlawfully may also be required to make restitution.

RETIREE SIGNATURE	DATE
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## RETIREE HEALTH DEPENDENT CHANGE FORM

You must use a "Retiree Health Dependent Change" form to list dependents to be added or deleted due to marriage, divorce, birth, death or adoption. Please complete this form and return it to the Division of Retirement and Benefits. Failure to complete this form when required may delay payment of claims for your dependent(s).

### DEPENDENTS WHO ARE COVERED

The following dependents may be covered:

- Your spouse. You may be legally separated but not divorced.
- Your children from birth (exclusive of hospital nursery charges at birth and newborn care) up to 23 years of age *only* if they are:
  - Your natural children, stepchildren, foster children placed through a State foster child program, legally adopted children, children in your physical custody and for whom bona fide adoption proceedings are underway, or children for whom you are legal, court-appointed guardian (if child is not your natural-born child);
  - unmarried and chiefly dependent upon you for support; **AND**
  - living with you in a normal parent-child relationship.
  - This provision is waived for natural/adopted children of the benefit recipient who are living with a divorced spouse, assuming all other criteria is met. Stepchildren must live with the retiree 50% or more of the time to be covered under this plan.
  - In addition, if they are between the ages of 19 and 23, they must be attending school regularly on a full-time basis.

Children incapable of employment because of a mental or physical incapacity are covered even if they are past age 19. However, the incapacity must have existed before age 19 and the children must continue to rely chiefly on you for support. You must furnish the claims administrator evidence of the incapacity, proof that the incapacity existed before age 23 and proof of financial dependency. Children are covered as long as the incapacity exists and they meet the definition of children, except for age. Periodic proof of the continued incapacity may be required.

### WHEN COVERAGE BEGINS

Eligible dependents are covered on the dates specified below.

If you elect or are provided with coverage for dependents, your dependents are eligible for benefits on the same day you are eligible if they meet all eligible requirements. If you add new dependents, they will be covered under this plan immediately.

If you elect dependent coverage during an open enrollment period, your dependents are covered on January 1, assuming you pay the required premium.

If you increase your coverage to include dependents during an open enrollment or following marriage or birth of a child, their coverage begins on the first of the month following receipt of this form.

### WHEN COVERAGE ENDS

If you are provided with or have elected coverage for your dependents, their coverage ends on the same day as your coverage ends, unless:

- you divorce. Coverage for your spouse ends on the date the divorce is final.
- your child no longer meets all eligibility requirements. Coverage ends at the end of the month in which your child first fails to meet these requirements.
- coverage is discontinued for all dependents.

There are several options available for continuing health coverage if one of the above situations occurs. Options are described in the "How to Continue Health Coverage" section of your Retiree Group Insurance Information Booklet or on the Division of Retirement and Benefits website at [Alaska.gov/drb](http://Alaska.gov/drb).