



HEALTH BENEFITS ENROLLMENT/WAIVER

FOR OFFICE USE ONLY

For Retirees with Same-Sex Partners

Public Employees' Retirement System (PERS) Tier II & III
Teachers' Retirement System (TRS) Tier II

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Tier II & III

PERSONAL DATA

Name	RIN or last 4 of SSN
Please indicate your retirement system: <input type="checkbox"/> PERS <input type="checkbox"/> TRS	

MEDICAL BENEFITS

I elect the following **medical** coverage:

- No medical coverage
- Individual only
- Individual and child(ren)
- Individual and same-sex partner
- Individual, same-sex partner, and child(ren)

DENTAL-VISION-AUDIO BENEFITS

I elect the following **dental-vision-audio (DVA)** coverage:

- No dental-vision-audio coverage
- Individual only
- Individual and child(ren)
- Individual and same-sex partner
- Individual, same-sex partner, and child(ren)

LONG-TERM CARE BENEFITS

I elect the following **long-term care (LTC)** option:

- No long-term care coverage

Individual (Member) coverage:

- Silver
- Gold
- Platinum

Same-sex Partner coverage (may elect **only** if member is electing individual coverage):

- Silver
- Gold
- Platinum

Same-sex Partner's Date of Birth _____

I am covered under my same-sex partner's LTC plan Same-sex Partner's Date of Birth _____

CERTIFICATION

I acknowledge that I have been offered the two health plans available: dental-vision-audio and long-term care. I understand that this is my only opportunity to enroll in these plans and that by not electing coverage at this time under either plan, I waive my right to future participation in the DVA and LTC plan.

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

SIGNATURE

DATE

HEALTH BENEFITS ENROLLMENT/WAIVER FORM

For Retirees with Same-sex Partners

This form is for retirees and other benefit recipients who are members of Elected Public Officers Retirement System (EPORS) or Judicial Retirement System (JRS) or who were first hired under the Public Employees' Retirement System (PERS) before July 1, 1986, or under the Teachers' Retirement System (TRS) before July 1, 1990. This is your opportunity to elect to participate in two separate health plans; dental-vision-audio (DVA) and long-term care (LTC). You may elect either or both of the insurances offered. You must indicate a choice in both sections even if you are electing not to participate in a certain plan.

If you are already covered under your same-sex partner's LTC plan, you cannot be covered under a second plan. Please provide your same-sex partner's social security number so we may move your LTC coverage to your retirement benefit. Your form must be postmarked or received in our office before your retirement date.

This is your only opportunity to enroll your same-sex partner in these plans. If you do not enroll at this time, you waive your right to participate in the future.

You may decrease or terminate your coverage at any time by notifying this office in writing. You may only increase DVA coverage within 120 days of the date you become eligible to enroll a same-sex partner under 2 AAC 38.010-38.100, or have your first child. LTC coverage may be added for your same-sex partner in the future within 120 days of the date you become eligible to enroll a same-sex partner, but is subject to approval by the health claims administrator.

If you elect coverage, the premiums will be deducted from your benefit check each month. If your check is insufficient to deduct the premiums, we will contact you to make payment arrangements. The chart in the next column shows the monthly premiums for each option.

Coverage for:	Medical Premium	DVA Premium
Individual only	\$ 791	\$ 63
Individual and same-sex partner	\$1,583	\$124
Individual and child(ren)	\$1,117	\$112
Individual, same-sex partner, child(ren)	\$1,910	\$176

Long-Term Care Benefits – Premium Rates By Age			
Age at Retirement	Silver Option \$400,000 max No inflation protection	Gold Option \$300,000 max Simple inflation protection	Platinum Option \$300,000 max Compound inflation protection
40 & under	\$26	\$76	\$148
41	\$27	\$77	\$150
42	\$28	\$78	\$153
43	\$30	\$79	\$155
44	\$31	\$81	\$158
45	\$33	\$82	\$161
46	\$35	\$84	\$164
47	\$37	\$85	\$167
48	\$39	\$89	\$170
49	\$41	\$92	\$172
50	\$44	\$96	\$175
51	\$46	\$100	\$177
52	\$49	\$103	\$180
53	\$52	\$109	\$184
54	\$56	\$114	\$188
55	\$60	\$120	\$192
56	\$63	\$126	\$195
57	\$67	\$131	\$199
58	\$75	\$143	\$212
59	\$84	\$156	\$225
60	\$92	\$168	\$237
61	\$100	\$181	\$250
62	\$108	\$193	\$263
63	\$123	\$212	\$281
64	\$137	\$231	\$300
65	\$151	\$250	\$319
66	\$166	\$269	\$338
67	\$180	\$288	\$357
68	\$201	\$313	\$381
69	\$222	\$339	\$404
70	\$244	\$364	\$428
71	\$265	\$389	\$451
72	\$286	\$414	\$475
73	\$314	\$444	\$502
74	\$343	\$474	\$529
75	\$371	\$503	\$556
76	\$399	\$533	\$584
77	\$427	\$563	\$611
78	\$471	\$609	\$654
79	\$515	\$654	\$698
80	\$559	\$700	\$741
81	\$603	\$746	\$784
82	\$646	\$791	\$828
83	\$731	\$887	\$923
84	\$815	\$982	\$1,018
85 & over	\$900	\$1,078	\$1,113