



**Health Benefits Enrollment/Waiver**  
**For Retirees or Benefit Recipients**  
**Tier II & III**

FOR OFFICE USE ONLY

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

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

**Juneau: 465-4460**  
*TDD: (907) 465-2805*  
*Fax: (907) 465-4668*



This form must be completed and returned or postmarked to the address above by December 16, 2011.

Please indicate your retirement system:  PERS  TRS

**PERSONAL DATA**

Name

Retirement ID Number (RIN)

**MEDICAL BENEFITS**

I elect the following **medical** coverage:

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

**DENTAL-VISION-AUDIO (DVA)**

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

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

**CERTIFICATION**

I acknowledge that I have been offered all available health plans: medical and dental-vision-audio. I understand that I may enroll in the medical and dental-vision-audio plans during this open enrollment period.

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

**SIGNATURE**

**DATE**

Coverage for:	Medical Premium	DVA Premium
Individual only	\$ 807	\$ 69
Individual and spouse or same-sex partner	\$1,615	\$136
Individual and child(ren)	\$1,140	\$123
Individual, spouse or same-sex partner, and child(ren)	\$1,948	\$194

# **HEALTH BENEFITS ENROLLMENT/WAIVER**

## *For Retirees or Benefit Recipients*

This form is for retirees and other benefit recipients who were first hired under the Public Employees' Retirement System (**PERS**) **after June 30, 1986**, or under the Teachers' Retirement System (**TRS**) **after June 30, 1990, and are not eligible for system-paid medical coverage at retirement.** This is your opportunity to elect to participate in the following health plans; medical and dental-vision-audio (DVA). You may elect any or all of the insurances offered. You must indicate a choice in each section even if you are electing not to participate in a certain plan. Your form must be postmarked or received in our office by December 16, 2011.

You will be offered the opportunity to enroll in the medical plan or increase the level of coverage during future open enrollment periods. However, if you do elect coverage during an open enrollment period rather than at retirement, you will be subject to a pre-existing conditions limitation. This limits payment of claims for pre-existing conditions to \$1,000 during the first 12 months of coverage. (All or part of this period may be waived if you have other group health coverage which terminates less than 91 days before this plan is effective.)

DVA will also be offered during open enrollment periods if not elected now, but only if you are also electing the same or greater level of medical coverage **for the first time** during the open enrollment period.

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.