PennState Human Resources

Retiree Request for Change of Healthcare and/or Tuition Discount Form

Please note: Termination requests will be made effective the 1st of the following month from the receipt date of this signed and dated form.

Retiree Name – Please Print _____ PSU ID # _____

Date of Birth ____/____/____ Home Phone _____

Home Address _____

_____

Retiree Healthcare Coverage:

My choice for Healthcare Coverage is:

- ☐ NO COVERAGE *CAUTION – If you refuse the retiree healthcare coverage for yourself, you will not be permitted to enrolled in the retiree healthcare plan through Penn State at a future date*
- ☐ Retiree Only
- ☐ Retiree and Spouse
- ☐ Retiree and Child/Children
- ☐ Retiree and Family
- ☐ Tuition Discount ONLY (fill out dependent information on page 2)

Plan:

- ☐ Retiree Lion Advantage
- ☐ Retiree Lion Traditional
- ☐ Freedom Blue (include copy of your Freedom Blue application)

If switching medical plans upon retirement, any prior deductible or coinsurance amounts WILL NOT transfer to your new plan enrollment.

Adding a Dependent to Healthcare Coverage:

Retiree dependent coverage can be added only if the eligible dependent experiences an IRS qualifying life event change. Changes must be requested within **31 days** of the event. Documentation supporting the IRS qualifying life event change, such as marriage documents, adoption documents, or loss of coverage letters will be required when submitting this change request. The following are examples of IRS-defined life event changes:

- Employee's legal marital status changes, due to marriage, divorce, legal separation, or the death of a spouse.
- Changes in employment status of a spouse, which can include the ending of their employment, new or different working hours resulting in a change of their employer-sponsored benefits.

Eligible dependents are defined as a spouse, children up to the age of 26, or disabled children as certified by the insurance carrier. Description of eligible dependents: https://ohr.psu.edu/benefits/eligible-dependents.

If adding dependent(s) that will be enrolled in Highmark in which the retiree and/or no other dependent(s) are currently enrolled in, please select the applicable plan below. ***If a retiree and/or dependent(s) are already enrolled in a non-Freedom Blue Highmark plan, you cannot switch plans at this time.*** For information regarding the plan options, please visit: https://hr.psu.edu/retiree/benefits.

Plan for non-Freedom Blue depenent(s):

- ☐ Retiree Lion Advantage
- ☐ Retiree Lion Traditional

Reason for change:

- ☐ Adoption
- ☐ Deceased
- ☐ Dependent Child Age 26
- ☐ Divorce
- ☐ Loss of Coverage
- ☐ Marriage
- ☐ Newborn
- ☐ Other Coverage
- ☐ Stepchild(ren) No Longer Eligible
- ☐ Penn State Retirement
- ☐ Other – Reason Not Listed (provide explanation) _____

Adding a Dependent to Healthcare Coverage or Tuition Discount Benefits

Effective date of change (date of the event): ____/____/____ Will be effective as of the date of the qualifying event

Removing a Dependent from Healthcare Coverage or Tuition Discount Benefits

Effective date of change: ____/____/____ Will be removed the first of the month following receipt of form.

Please list all eligible members you are making a change for healthcare or tuition discount							
Add or Remove	Full Name (Last, First, MI)	Social Security Number	Gender	Relationship (spouse or child)	Birthdate	Medical or Tuition Discount	Disabled?
○ A ○ R			○ F ○ M	Self		○ Med ○ Tuition	○ Y ○ N
○ A ○ R			○ F ○ M			○ Med ○ Tuition	○ Y ○ N
○ A ○ R			○ F ○ M			○ Med ○ Tuition	○ Y ○ N
○ A ○ R			○ F ○ M			○ Med ○ Tuition	○ Y ○ N
○ A ○ R			○ F ○ M			○ Med ○ Tuition	○ Y ○ N
○ A ○ R			○ F ○ M			○ Med ○ Tuition	○ Y ○ N

Do you or your dependent(s) have Medicare coverage?** NO_____YES _____			
Name	Medicare Claim No.	Part A Effective Date	Part B Effective Date
Name	Medicare Claim No.	Part A Effective Date	Part B Effective Date

**If you are adding a newly eligible dependent and dependent(s) are Medicare eligible, an additional application for Freedom Blue is required. The application must be mailed with this form along with a copy of the Medicare card to reflect Part A and B information.

Application: https://hr.psu.edu/sites/hr/files/FreedomBlueApplication.pdf

Consent for Healthcare Coverage Enrollment and Billing

I hereby accept the forms of insurance coverage contracted for by the University in the amounts for which I am or may become eligible or elect under the retiree healthcare coverage. I understand that I will be billed for my enrollment in the retiree healthcare coverage and that I am responsible for timely payment.

_____ ____/____/____

Signature Date Signed

Mail or FAX completed form to:

PLEASE CONTACT HR SERVICES AT 814-865-1473 TO PROVIDE YOUR DEPENDENT(S) SOCIAL SECURITY NUMBER(S) AS REQUIRED TO PROCESS YOUR BENEFITS

Penn State Employee Benefits, The 331 Building, Suite 136, University Park, PA 16802
Benefits Fax: (814) 863-6227; HR Services: (814) 865-1473