

## TEAMSTERS BENEFIT TRUST (TBT)

### **MEDICAL OPTION CHANGE FORM**

**For Comprehensive Retiree Plan (CRP) and Retirement Security Plan (RSP)**

**Retirees and Covered Spouses**

**COMPLETE THIS FORM ONLY IF YOU ARE MAKING A CHANGE IN YOUR MEDICAL OPTION.** Otherwise, your current medical coverage continues without change.

**PLEASE ENROLL ME IN THE MEDICAL OPTION CHECKED BELOW.** I understand that coverage under the new option for me (*and my spouse, if enrolled*) is **effective the first day of the second month following receipt by the TBT Plan Administration Office.** (including changes to an HMO, whether or not I receive an identification card from an HMO by that date). **Note:** *You and your spouse must be covered under the same medical option, even though one of you may be in a Medicare HMO plan and the other in the HMO's standard plan (Medicare or non-Medicare). \*SecureHorizons Direct is an exception to this rule.*

- Indemnity Medical Option (described in the *Guide to Your Benefits and Summary of Coverage*)
- Kaiser Foundation Health Plan (HMO)     Kaiser's *Senior Advantage* (Medicare HMO Plan)
- PacifiCare* (HMO) Early Retirees     *PacifiCare's SecureHorizons* (Medicare HMO Plan)
- PacifiCare's SecureHorizons Direct\** (Medicare Indemnity Plan). You may use any Medicare provider.

**RESIDENCE:** In order to change from the Indemnity medical option to an HMO, or from one HMO to another, you and your spouse must reside in a zip code within the HMO's service area. (*Service areas are listed in the HMO packets.*) **Note:** If you are age 65 or over and elect one of the HMO medical options, you must enroll in the HMO's Medicare plan (*Senior Advantage* for Kaiser and *SecureHorizons* or *SecureHorizons Direct Medicare Indemnity Plan* from *PacifiCare*). **Phone the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 for further information.** Please ask to speak with someone in the Retiree Unit.

**IF MAKING A CHANGE, ALSO PROVIDE THE INFORMATION BELOW.**

#### **MEDICARE HMO PLAN ENROLLMENT**

- **Separate Application: Required** for *Senior Advantage, SecureHorizons* or *SecureHorizons Direct*.
- **Disenrollment Form: Required** if changing from a Medicare HMO Plan to a non-Medicare HMO Plan; **not required** if changing from one Medicare HMO Plan to another Medicare HMO Plan.
- ***PacifiCare's SecureHorizons Direct:*** You and/or your spouse must be Medicare entitled to participate.
- **Effective Date:** Open enrollment change requests submitted on the approved medical *Change Form* will be effective the first day of the **second** month following receipt of the change request. For example, if your change form is received on September 17, the change will be effective November 1. *This assumes that all the required forms have been submitted and you are eligible for benefits.* **You may contact the TBT Plan Administration Office to confirm that your new coverage is in effect.**
- **Phone the TBT Plan Administration Office if you have questions** (see numbers above).

**If electing an HMO:**

- Include the applicable attached HMO application (late receipt may delay your change).

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- For HMO packets and applications, call the TBT Plan Administration Office.
- For Kaiser’s Senior Advantage (Medicare HMO) or *PacifiCare’s SecureHorizons* (Medicare HMO) or *SecureHorizons Direct* (Medicare Indemnity plan), include a copy of your Medicare ID card.

Retiree's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)
Spouse's Name	Social Security Number	Birth Date (Month-Day-Year)
Address	Home Phone (     )	
Your Former Employer	Local Union	
<b>Retiree's Signature</b>	<b>Date</b>	

**CONTRIBUTION RATES:** For self-pay rates, see the attached rate sheet.

**Call the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 to discuss your individual needs.** Please ask to speak with someone in the Retiree Unit.

**If you are changing options, please return *this form and an HMO application* (if electing an HMO) to:**

Teamsters Benefit Trust - P.O. Box 5820, Fremont, CA 94537-5820  
(pre-addressed envelope enclosed)

**Note: *Do not send HMO applications directly to the HMO!***