



FY20 Enrollment Form Instructions

Are you ready to enroll? If so, just grab the 2019–2020 Retiree Benefit Enrollment form and follow these easy steps (forms are required only if you want to add, change or term dental, vision or the legal plan):

- 1. Personal Information:** It is important to include as much information as possible. Missing information can cause a delay in processing your enrollment form.
 - a. **SSN NOTE** – SDCERS requires a full SSN to initiate a pension deduction. If you prefer, you may write ‘Please Call’ on that line and one of our staff members will reach out to you directly to obtain the information.
 - b. **EMAIL NOTE** - SDPEBA is trying to keep costs down and to reduce waste and one way of doing that is by using email. By providing your email address, we will include you on our email update list, so you can get instant news and information updates.

- 2. Dental:** Please select one of the options (please only select one):
 - a. To opt out of dental coverage, please mark the “No Dental” box.
 - b. If you are currently enrolled in dental coverage and mark “No Dental” the current plan will terminate effective 7/31/19.
 - c. If the Dental HMO option is selected, please complete “Dental HMO Facility Selection” on the back. Please enter the Facility ID number: a first and second choice is recommended.
 - d. If you select dental coverage for your dependents, please complete the “Dependent Information” section on the back (this is step 5A).
 - e. If the Dental PPO option is selected, the name of your dentist is not required as this is a freedom of choice plan. Please include your email address on the application as MetLife PPO does not send out ID cards. Instead, you will receive an email notification about your plan coverage.

- 3. Vision:** Please select one of the options (please only select one):
 - a. To opt out of vision, please mark the “No Vision” box.
 - b. If you are currently enrolled in vision coverage and you mark “No Vision” the current plan will terminate effective 7/31/19.
 - c. If you select vision coverage for your dependents, please complete the “Dependent Information” section on the back (this is step 5A).

4. **Hyatt Legal Plan:** Please select one of the options (please only select one):
 - a. To opt out of Hyatt Legal, please mark the “No Hyatt Legal Plan” box.
 - b. If you are currently enrolled in Hyatt Legal and select “No Hyatt Legal Plan” the current plan will terminate effective 7/31/19.
 - c. If you want to enroll in the plan for \$23.40, please select “Yes”.

5. **Dependent(s) Information:** This is only needed if you are adding dependent coverage to your dental and/or vision plan.
 - a. Please turn the page over and complete section 5A. It is important to include as much information as possible. Missing information can cause a delay in processing.
 - b. Please indicate whether each dependent is to be enrolled in dental and/or vision.

6. **Membership Selection:** You must be a member of AFSCME 127, MEA, REA, POA or RFPA to access SDPEBA benefits (excluding Sharp). You must select at least one organization. If you are not a current member, this application and your membership selection will enroll you as a member of that organization. You can be a member of more than one organization. If you wish to cancel membership you will need to submit the proper cancellation form for each organization.

7. **Retiree Signature:** You MUST sign and date this form. **Unsigned forms will be returned.**

8. **Submit Enrollment Form:** Forms are only required if you are adding, changing or terminating benefits with SDPEBA. All forms must be postmarked by June 30, 2019 to be properly processed. You may mail to the address on the form, fax to 619-431-3078 or email to info@sdpeba.org.

If you have any questions about SDPEBA sponsored plans, please email info@sdpeba.org or call 888-315-8027.

For more information on all the benefits SDPEBA offers visit www.sdpeba.org.

NO FORM IS REQUIRED IF YOU ARE NOT MAKING ANY CHANGES TO YOUR SDPEBA SPECIFIC BENEFITS