

MEA Benefits Trust

Application for Transfer of the Health Plan to Retirement Status



Please return this form to your employer – If you are now retired, please mail this form to:
 Anthem Blue Cross and Blue Shield, Enrollment and Billing, 2 Gannett Drive, South Portland, ME 04106.

If you have any questions about this form, call Anthem Blue Cross and Blue Shield (Anthem) at 1-888-399-8706, ext. 1.

Please print.

Section 1: Applicant information – Dependent coverage is only available to those members now covered on your policy											
Check plan: <input type="checkbox"/> Single <input type="checkbox"/> 2 person <input type="checkbox"/> Family <input type="checkbox"/> Adult with child or children								Group no.			
Employee Information											
School department				Occupation			Identification no.				
Retiree Information											
Last name		First name			M.I.	Birthdate		Social Security no.			
Phone no.		Street address			City			State	ZIP code		
Legal spouse or domestic partner information – Complete only if legal spouse or domestic partner is eligible for coverage											
Last name		First name			M.I.	Birthdate		Social Security no.			
Section 2: Delete dependents – Deleted dependents will not be eligible to re-enroll											
Name		Birthdate		Social Security no.		Reason ¹		Effective date			
Spouse or domestic partner											
Dependent – oldest first											
Dependent											
Dependent											
1 Reason: A. Marriage B. Divorce C. Separation D. Death E. Entered military service F. Medicaid or state assistance G. Has own Anthem contract H. Other insurance: _____ I. Other: _____											
Section 3: Medicare eligible – To be eligible for Medicare supplemental coverage you must have both Medicare Parts A and B. If you are age 65 or older and not eligible for premium-free Medicare, include a copy of your Social Security ineligibility letter.											
Name(s) of Medicare covered person(s)			Medicare claim no.		Medicare Part A effective date month/day/year		Medicare Part B effective date month/day/year		Check all reasons you qualified for Medicare		
Last name	First name	M.I.							Age 65	Disability	ESRD ²
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are currently eligible for Medicare and Group Companion Plan coverage, the Blue View Vision Plan will no longer be included in your health plan benefit. There is the option of enrolling in the vision plan at the current monthly rate for retiree only benefits and retiree and spouse benefits.											
Check the appropriate box to enroll for Blue View Vision Plan benefits: <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree and spouse											
Please check with your central office for rate information.											
2 End Stage Renal Disease											

For school use only	MainePERS employer code	Position class code	Termination from active group	Date health insurance ends	Signature of school official
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Section 4: MainePERS retirees

If you retired through the Maine Public Employees Retirement Systems (MainePERS) after July 1, 2012, Maine law generally requires you to reach "normal retirement age" before you can begin to receive the State of Maine contribution toward your health insurance. Your "normal retirement age" will be determined by your dates of service. To ensure that you receive the State of Maine contribution to which you may be entitled, you are required to notify Anthem on reaching "normal retirement age" as it applies to you. Please contact MainePERS with any questions pertaining to "normal retirement age."

If you are eligible for the State of Maine contribution toward retired teachers' health insurance premium, your health insurance premium must be deducted from your MainePERS pension check.

I hereby authorize the MainePERS to deduct the proper amount to cover the cost(s) of my Anthem health coverage.

Please check one of the following:

- I have reached my "normal retirement age."
- I have not reached my "normal retirement age."
- I have elected not to transfer the Anthem health coverage.
- I am applying for Disability Retirement:
 - Bill me directly
 - Deduct the Anthem health premium out of my MainePERS pension check
- Please bill me directly for Anthem health coverage.
- Please continue my coverage as a surviving spouse/domestic partner/dependent:
 - Bill me directly
 - Deduct the Anthem health premium out of my survivor MainePERS pension check
- I have 25 years of creditable service, was not in service immediately prior to retirement, and am now making a one-time election to rejoin the plan at the time of my retirement, as allowed by 20-A Me. Rev. Stat § 13451(2-C).

MEA Benefits Trust Break Provision: If a participant is eligible to continue coverage, he or she shall be entitled to one break in coverage, lasting no longer than five (5) years or until reaching age 62, whichever occurs first. Other restrictions apply. For more information, please contact the MEA Benefits Trust at 1-888-622-4418, ext. 2207 or Anthem at 1-888-399-8706, ext. 1.

Applying for the MEA Benefits Trust break provision effective: _____

Returning from the MEA Benefits Trust break provision effective: _____

Section 5: Signature required

I have been advised that if at the time of retirement I am covered by the MEA Benefits Trust group health plan and meet the applicable requirements, I may request transfer of my health coverage to retirement status. That part of the monthly premium for which I am responsible will be deducted from my retirement benefit check (if applicable). If retiring on a disability retirement, I authorize the MainePERS to withhold the amount of any health insurance premium which the MEA Benefits Trust/Anthem certifies to the System is owed by me as of the date on which my disability retirement is approved (if applicable). **I understand that in so doing, the MainePERS is acting as the agent of the MEA Benefits Trust;** any dispute as to this withholding is to be addressed to the MEA Benefits Trust/Anthem (if applicable). ***I also acknowledge that if I elected to delete dependents on this form, I will not be eligible to re-add them at a later date under the retiree group.***

I have been advised that the portion of the monthly premium for which I am responsible will be deducted from my retirement benefit check (if applicable). All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. I understand all benefits are subject to conditions stated in the group agreement and Certificate of Coverage.

If MEA Choice Plus is chosen, I understand that each family member's care must be provided or arranged by his/her Primary Care Physician (PCP) except as described in my Certificate of Coverage.

My signature on this application constitutes my approval and authorization for Anthem to enforce its subrogation rights for my claims on a just and equitable basis.

In signing this application I certify that I have read and understand all the information on **both** sides of this form.

Applicant signature

X

Date