

SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

30 ORVILLE DRIVE • STE D • BOHEMIA, NEW YORK 11716 • (631) 319-4099



SELF-PAY RETIREE ENHANCED PLAN (RE-)ENROLLMENT FORM (REQUIRED FOR CONTINUATION OF SELF-PAY RETIREE BENEFITS)

Name: _____ Benefit Fund ID#: _____

Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

SELF-PAY RETIREE PLAN ELECTION: Premium Premium Plus Platinum

COVERAGE ELECTED: Individual Individual + 1 Family

COVERED DEPENDENTS:

AMOUNT ENCLOSED: \$ _____ CHECK/MONEY ORDER #: _____

I have received and reviewed the Fund's letter explaining the coverage available under the three (3) Self-Pay Retiree Enhanced Plans. I elect to enroll in the Self-Pay Retiree Enhanced Plan indicated above. I understand this election is a commitment for plan participation for two (2) full consecutive calendar years. I understand that after participating in the same plan for two [2] full consecutive calendar years I may drop down to the no-cost "Basic Retiree Plan" during the appropriate annual open enrollment period. However, I must then remain in the no-cost "Basic Retiree Plan" for two [2] full consecutive years before I am eligible to again enroll in one of the Self-Pay Enhanced Retiree Plans.

Signature Date

Sworn to before me this _____

day of _____, 2011

NOTARY PUBLIC

COMPLETED FORM AND PLAN PAYMENT MUST BE RECEIVED BY 12/16/2011

(See Reverse Side)



SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

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NO-COST "BASIC RETIREE PLAN" RE-ENROLLMENT FORM

Name: _____ Benefit Fund ID#: _____

Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

NO-COST "BASIC RETIREE PLAN": I ELECT TO RE-ENROLL: _____
(please initial)

COVERED DEPENDENTS:

I have received and reviewed the Fund's letter explaining my options for enrollment in one of the Self-Pay Retiree Enhanced Plans and/or re-enrollment in the no-cost "Basic Retiree Plan". I understand this election is a commitment for re-enrolling in the no-cost "Basic Retiree Plan" for two [2] full consecutive calendar years. However at the end of the two (2) year period in the "Basic Retiree Plan", I have the option to remain in the "Basic Retiree Plan" or enroll in one of the Self-Pay Retiree Enhanced Plans during the appropriate open enrollment period.

Signature

Date

Sworn to before me this _____

day of _____, 2011

NOTARY PUBLIC

COMPLETED FORM MUST BE RECEIVED BY 12/16/2011

(See Reverse Side)