

RETIREE "SELF-PAY" ENHANCED PLAN ENROLLMENT FORM



Name: _____ Benefit Fund ID#: BF00 _____

Address: _____

Email Address: _____

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

SELECT ONE OF THE FOLLOWING PLANS:

"SELF-PAY" ENHANCED PLAN: Premium Premium Plus Platinum

COVERAGE ELECTED*: Individual Individual + 1 Family

PAYMENT OPTIONS: Annual Semi-Annual Quarterly

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

"NO-COST" BASIC RETIREE PLAN – I wish to "drop down" from my "Self-Pay" Enhanced Retiree Plan and have completed my two (2) year enrollment requirement of this plan.

COVERED DEPENDENTS:

I have received and reviewed the Fund's explanation letter for coverage available under the three (3) "Self-Pay" Enhanced Retiree Plans and the "No-Cost" Basic Retiree Plan. I elect to enroll in either the "Self-Pay" Enhanced Retiree Plan or the "No-Cost" Basic Retiree Plan as indicated above. I understand this election is a commitment for two (2) full consecutive years in my selected plan. I understand after participating in my selected retiree plan for two (2) full consecutive years I may either upgrade to one of the "Self-Pay" Enhanced Retiree Plans or "drop down" to the "No-Cost" Basic Retiree Plan during the appropriate annual open enrollment period. However, I must remain in the selected plan for two [2] full consecutive years before I am again eligible to enroll in one of the above Retiree Plans.

Signature

Date

Sworn to before me this _____

day of _____, 201_____

NOTARY PUBLIC

**If a member with dependents opts for a plan with individual coverage only, neither their spouse nor dependents can remain on the member's "No-Cost" Basic Retiree Plan. All dependents will lose coverage while the member is on an individual "Self-Pay" plan. Dependent coverage can only be restored after the member completes two (2) consecutive years on a "Self-Pay" Enhanced Retiree Plan, before being able to re-enroll their dependents in any Retiree Plan again, unless the new dependent was due to a life event, (i.e., marriage, the birth or adoption of a child), in which case the Plan selected can be adjusted to enroll that dependent.*

**Return Completed Form and Payment to SCME Benefit Fund at
30 Orville Dr., Ste D, Bohemia, NY 11716-2513**

“SELF-PAY” ENHANCED RETIREE PLANS - RULES

- 1) Plan coverage is for two (2) consecutive years. Benefit coverage is at the **Active** level according to plan guidelines. Enrollment Form **MUST** be notarized.
- 2) “Self-Pay” Enhanced Retiree Plans (SPERP) offer three (3) types of coverage options:
 1. Individual*
 2. Individual + 1
 3. Family

*If a member with dependents opts for SPERP with individual coverage only, neither their spouse nor dependents can remain on the member’s “No-Cost” Basic Retiree Plan. Dependents will lose **all coverage** while the member is on an individual “Self-Pay” Plan (even if both retirees are Fund members). Each retired member must elect a SPERP coverage option which includes their eligible dependents. Dependent coverage, if dropped, can only be restored after the member completes two (2) consecutive years on a “Self-Pay” Enhanced Retiree Plan **which includes dependent coverage**, before their dependents can become eligible again for the “No-Cost” Basic Retiree Plan, unless the new dependent was due to a life event, (i.e., marriage, the birth or adoption of a child). **Dependents must be enrolled in the same plan as the member and cannot be enrolled in the “No-Cost” Basic Retiree Plan while the retiree opts for Individual coverage in SPERP.**

- 3) “Self-Pay” Enhanced Retiree Plans are offered in three (3) benefit levels at the Active level of coverage:
 1. Premium; Dental, Optical and Hearing Aid.
 2. Premium Plus; add Prescription Co-Payment Reimbursement (same coverage level as with COBRA.)
 3. Platinum; add Legal and Tax Preparation.

Retirees who opt for coverage in either the Premium or the Premium Plus Plans will be able to “move-up” to greater coverage during any future open enrollment period, but they must remain there for two (2) consecutive years before they may “drop-down” to lesser coverage and only after submitting another new, notarized Enrollment form.

- 4) **Retirees** are permitted to “drop-down” to the “No-Cost” Basic Retiree Plan **after** enrolling in and paying for one of the “Self-Pay” Enhanced Retiree Plans for two (2) consecutive years and submit another new, notarized Enrollment Form.
- 5) **All SPERP** enrollees **must remain** in SPERP for a full 24 months of their 2-year commitment.
- 6) **A Retiree** may only “drop-down” to a reduced coverage plan *after* they remain in and pay for the selected “Self-Pay” Enhanced Retiree Plan for two (2) consecutive years and by completing and submitting another new, notarized Enrollment Form.

NOTE: When a retiree “drops-down” to the “No-Cost” Basic Retiree Plan, they must remain in the “No-Cost” Basic Retiree plan for at least two (2) consecutive years before being given the opportunity to re-enroll in one of the “Self-Pay” Enhanced Retiree Plans and only during the next Annual Open Enrollment period.

- 7) Choose one (1) of three (3) payment options:
 1. Quarterly (no savings)
 2. Semi-Annually (savings of 5%)
 3. Annually (savings of 10%)
- 8) **Even if** previously terminated from the “No-Cost” Basic Retiree Plan, or if members were enrolled or re-enrolled in the “No-Cost” Basic Retiree Plan for at least two (2) consecutive years, enrollment is available each year in one of the “Self-Pay” Enhanced Retiree Plans during the Annual Open Enrollment period.

NOTE: Failure to maintain timely payments for the two (2) year enrollment requirement will result in an immediate termination of benefits including coverage in the Fund’s “No-Cost” Basic Retiree Plan. A two (2) year waiting period, after the last day of coverage previously selected, will be required before being permitted to re-enroll in another “Self-Pay” Enhanced Retiree Plan and only during the next available Open Enrollment period. Enrollment in the “No-Cost” Basic Retiree Plan is not permitted after failing to pay for the two-year enrollment commitment.

If a member predeceases their spouse and dependents - The surviving spouse may remain on the plan they were enrolled in at the time of the member’s death, until remarried, by making timely payments for the “Self-Pay” Enhanced Retiree Plan or COBRA (Active or Retiree). A surviving spouse cannot add dependents, move into any other plan or drop-down to the “No-Cost” Basic Retiree Plan. Eligible dependents may remain on the plan with the surviving spouse as long as they are age-eligible. Once a dependent ages-out of coverage, they will be offered COBRA coverage. **If the surviving spouse or dependent is terminated for untimely payments, no other plan will be offered by the Fund.**