

RETIREE "SELF-PAY" ENHANCED PLAN ENROLLMENT/RE-ENROLLMENT FORM

Name: _____ Benefit Fund ID#: BF00 _____



Address: _____

Email Address: _____

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

SELECT ONE OF THE FOLLOWING PLANS:

Two Year Plan: _____

"SELF-PAY" ENHANCED PLAN (Select 1): Premium Premium Plus-T

COVERAGE ELECTED* (Select 1): Individual Individual + 1 Family

PAYMENT OPTIONS (Select 1): Annual Semi-Annual Quarterly

PRE-PAID LEGAL SERVICES PLAN ADD-ON (Select 1): Yes No

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

"NO-COST" BASIC RETIREE PLAN – I wish to remain in the "No-Cost" Basic Retiree Plan, or "drop down" from my "Self-Pay" Enhanced Retiree Plan. I confirm that I have completed the two (2) year enrollment requirement of the SPERP.

COVERED DEPENDENTS:

I have received and reviewed the Fund's explanation letter for coverage available under the two (2) "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 will have any Fund benefit coverage (i.e., they cannot remain on the member's "No-Cost" Basic Retiree Plan). 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 Fund 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 will have any Fund benefit coverage (i.e.: they cannot 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. If you want your dependent covered, then you, the retired member, must elect a SPERP coverage option which includes their eligible dependents. Dependent coverage, if dropped, can only be restored after the member satisfies two (2) consecutive years on a “Self-Pay” Enhanced Retiree Plan which includes dependent coverage, before their dependents can become covered again under 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.**

Domestic Partners may remain as an eligible dependent if approval was granted PRIOR to retirement but, cannot be added after the member retires.

3) “Self-Pay” Enhanced Retiree Plans are offered in two (2) benefit levels at the Active level of coverage:

1. **Premium Plan**; Dental, Optical and Hearing Aid.
2. **Premium Plus Plan-T**; add Prescription Co-Payment Reimbursement and Tax Preparation.

Retirees who opt for coverage in the Premium Plan will be able to “move-up” to the Premium Plus Plan-T during any future Open Enrollment, 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 only after completing 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 satisfying 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) Add-on the Pre-Paid Legal Services Plan to either one of the two (2) SPERP plans for an additional \$108 annually. No discount is offered for the Legal Services Plan on Annual or Semi-Annual payments because you pay exactly what the Fund pays for this benefit.

The Legal Services Plan cannot be added to the “No-Cost” Basic Retiree Plan.

Choose one (1) of three (3) payment options:

- | | |
|------------------|--|
| 1. Quarterly | Legal Plan Add-on \$27/quarterly (no discount) |
| 2. Semi-Annually | Legal Plan Add-on \$54/semi-annually (no discount) |
| 3. Annually | Legal Plan Add-on \$108/annually (no discount) |

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 the opportunity to “drop-down” to 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 any portion of the two (2) year enrollment commitment.

Survivorship Benefits:

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, as long as they make 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. Domestic Partners may remain as an eligible dependent if eligibility was determined PRIOR to retirement. Domestic Partners cannot be added after the member retires. Once a dependent ages-out of coverage, they will be offered COBRA coverage. If the surviving spouse or dependent is terminated for untimely or non- payments, or if the spouse remarries, no other plan will be offered by the Fund. (rev. 10/09/18)