



Post-65 Retiree Health Insurance Comeback Election Form

The City of Dallas is pleased to offer a **Post-65** Retiree Health Insurance "Comeback" option, which provides additional flexibility when it comes to your health insurance benefits.

If you decided to opt out of the City's **Pre-65** Retiree health insurance coverage at any time before age 65 and elected coverage elsewhere, you can "come back" and enroll in the City's Post-65 Medicare Advantage plans when you reach age 65 (provided you meet all other eligibility criteria).

Comeback Election Form Instructions

Please complete this Comeback Election Form in its entirety and return it to the Benefits Service Center via email, mail, or in person by the deadline specified below.

You **MUST** have a fully executed Pre-65 Opt-Out Election Form on file with the City to be eligible for the Comeback provision. If you do not have a fully executed Opt-Out Election Form on file with the City, you will not be eligible for the Comeback provision when you reach age 65.

- **Complete this form in its entirety and return it to the Benefits Service Center within 10 days of receipt.**
- **Once your completed form is received, a Benefits Service Center representative will sign it, file it, and mail a paper copy to the home address you provided on the form.**
- **Please keep your paper copy in a safe place in case you need to reference it in the future.**

Please initial next to each statement (continued):

I understand that to be eligible for the Post-65 Retiree Health Insurance Comeback option (at age 65), I must:

_____ Show proof of three years of continuous health coverage immediately preceding turning age 65. This continuous coverage could be through my spouse's health insurance plan, the Health Insurance Marketplace (Exchange), or another qualified group health plan.

_____ Request enrollment in the City-sponsored Post-65 plans within 31 days of discontinuing my other continuous health coverage.

_____ Use the Comeback option within 90 days of initial Medicare eligibility (at age 65).

_____ Be enrolled in Medicare Parts A and B. I understand that I will need to provide my Medicare ID Card and Medicare Beneficiary Indicator (MBI) number.



Post-65 Retiree Health Insurance Comeback Election Form

Employee Full Name (Please Print): _____
First Middle Last

Employee Mailing Address: _____

Employee Phone Number: _____

Employee Signature: _____ **Date:** _____

Benefits Service Center Contact Information

1500 Marilla St., 1D South, Dallas, TX, 75201

hrbenefits@dallascityhall.com

For questions, call 214-671-6947, Option 1

For Internal Use Only

Benefits Service Center Representative Signature: _____

Date Signed: _____