



Pre-65 Retiree Health Insurance Opt-Out Election Form

Upon retirement, you have the option to opt-out of the City's **Pre-65** Retiree health insurance coverage at any time before age 65 and elect coverage elsewhere. You will have the opportunity to "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).

Opt-Out Election Form Instructions

Please complete this opt-out election form in its entirety and return to the Benefits Service Center via email, mail, or in person by the deadline specified below. This form serves as a "reservation" to participate in the City-sponsored Post-65 Medicare Advantage plans when you reach age 65.

You **MUST** have a fully executed opt-out election form on file with the City to remain eligible for the Comeback provision. If you do not have an Opt-Out 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.**

There is no obligation to enroll in the City-sponsored Medicare Advantage Plans once you reach age 65, but if you want to have that option, you must complete the opt-out election form in its entirety and return it to the Benefits Service Center within 10 days of receipt.

Please initial next to each statement:

_____ I hereby exercise my right to opt-out of the City of Dallas Pre-65 Retiree health insurance/medical benefits program.

_____ I understand that by opting out, I cannot re-enroll in the City of Dallas Pre-65 Retiree health insurance medical/benefits program at any point in the future.

_____ I understand that any current coverage I have through the City's Pre-65 Retiree health insurance/medical benefits program will end on the last day of the month that I opt-out of coverage.

_____ Complete this form in its entirety and return it to the Benefits Service Center by the specified deadline.



City of Dallas

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Please initial next to each statement (continued):

I understand that,

I may plan to use the Comeback option to enroll in the City-sponsored Post-65 Medicare Advantage plans once I reach age 65.

I understand that when I am ready to exercise my 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 Identifier (MBI) number.

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: _____