







# Insurance Enrollment/Change Request Instructions

## For Public School Retirees

### Enrolling In or Changing Insurance After Retirement

**Personal Healthcare Fund.** If you have the Personal Healthcare Fund, you can only use this form to change plans. You cannot enroll after you have retired. If you're not sure if you have the Personal Healthcare Fund, log into miAccount at [www.michigan.gov/orsmiaccount](http://www.michigan.gov/orsmiaccount).

**Delayed Subsidy.** If you were subject to a delayed subsidy at retirement and wish to have your enrollment coincide with your subsidy eligibility date, you must submit this form at least six months before that date.

**Enrolling in an HMO.** If you are considering an HMO for your health care provider, refer to *the Insurance Options Summary (R0379C)* for provider information and details about coverage.

**Effective Dates.** If you have the premium subsidy benefit and initiate a new enrollment after your retirement effective date, your coverage will begin on the first day of the sixth month after ORS receives your enrollment request and all required proofs.

For example, if we receive your request with the necessary proofs of eligibility on February 10, your coverage would begin August 1.

If you or a dependent has a qualifying event and ORS gets the request and proofs within 30 days of the qualifying event, your coverage can begin sooner.

For retirees who do not have Medicare, coverage can begin the first of the month after we receive your completed application and proofs.

### Self and Dependent Coverage Data

Health, prescription drug, dental, and vision coverage for your eligible dependents is the same as yours. Those eligible are:

- Your spouse. If he or she is an eligible public school retiree, you will be covered under one contract.
- Your unmarried child by birth or legal adoption, through December 31 of the year in which he or she turns age 19.
- Your unmarried child by legal guardianship until age 18.

### Qualifying Event

The following are considered qualifying events for the purpose of adding or removing a dependent. Submit the indicated proof with this application. **Photocopies are acceptable.**

For retirees with Medicare, if we receive your request and proofs by the 15<sup>th</sup> of the month, we will enroll you the first of the following month. If we get the request and proofs later, but within 30 days of the qualifying event, you may not be enrolled until a month later.

**Changing plans.** To change your insurance plan, log in to miAccount and click on Insurance Coverage, or complete an *Insurance Enrollment/Change Request (R0452C)* and return it to ORS along with all required proofs. If you are currently enrolled in an HMO, you must remain in the HMO for at least six months, unless the coverage is no longer available because you have moved out of the coverage area.

Coverage will begin the first day of the month after ORS receives your materials if you are enrolling in BCBSM or moving out of an HMO coverage area. Coverage will begin the first day of the second month if you are voluntarily changing HMOs.

**Adjustments to Premiums.** ORS will adjust your premiums, if needed, the month any insurance changes take effect. We cannot refund premiums withheld before or in the month you report the change. If you enrolled in an insurance plan before your subsidy effective date and are paying the entire premium, ORS will automatically reduce your premium on your subsidy effective date.

- Your unmarried child by birth or legal adoption from age 19 through December 31 of the year in which he or she reaches age 25, if a full-time student and dependent on you for support.
- Your unmarried child by birth or legal adoption age 19 or older who is totally and permanently disabled, dependent on you for support, and incapable of self-sustaining employment.
- Either your parent(s) or your parent(s)-in-law residing in your household – one set of parents, not both.

**Adoption.** Acceptable proof is adoption papers. In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation of adoption. A sworn statement



[www.michigan.gov/ORSschools](http://www.michigan.gov/ORSschools)



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with the date of placement or a court order verifying placement is required.

**Birth.** Acceptable proof is a birth certificate.

**Death.** Acceptable proof is a death certificate.

**Divorce.** Acceptable proof is divorce papers.

**Marriage.** Acceptable proof is a marriage certificate.

### Required Proofs for Dependent Coverage

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Provide your marriage certificate and spouse's birth certificate if married and birth certificates as proof of age and relationship. Tax returns are required as proof of dependency, school records as proof of attendance, and court orders to prove legal guardianship.

If your dependent is a disabled child 19 or older, we will also need a current letter from the attending physician stating the child is totally and permanently disabled and

### Involuntary loss of coverage in another group plan.

Provide a statement on letterhead from the terminating group insurance plan detailing the type of coverage, who was covered, why coverage is ending, and the date coverage ends.

incapable of self-sustaining employment, along with any medical records or reports that substantiate the disability, and a copy of the IRS form 1040 that identifies the child as your dependent. In addition, every year ORS may ask you to furnish proof of incapacitation and dependency.

Proof of residence is required for a parent who lives with you. Provide a 1099 or 1098, driver's license, or state-issued ID showing the parent resides with you.

### Conditions of Enrollment

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By enrolling in these insurance plans, you and your family members are bound by all conditions stated in the plan. You agree to notify ORS of any changes in your status and that of your family that may affect eligibility and/or coverage. You agree that if claims are paid on an ineligible individual, the cost of such claims may be deducted from future pension checks.

You authorize the administrator selected by ORS to obtain from providers of service any and all records and other information relating to you and your covered family members. You understand such information may be made available to ORS, on a confidential basis, for the purpose of evaluating the operation and efficiency of the plans and providers. The duration of this authorization extends for the period of your coverage under the plan.

**Medicare.** If you, your spouse, or your dependents are eligible for Medicare, please read the section below.

The Medicare health plan you have selected is a Medicare Advantage plan and has a contract with the Federal government. You will need to keep your Medicare Parts A and B. You can only be in one Medicare Advantage or Part D prescription drug plan at a time and you understand that your enrollment in this plan will automatically end your enrollment in another Medicare health plan. It is your responsibility to inform the Office of Retirement Services of any prescription drug coverage that you have or may get in the future. You understand that if you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future. You may leave this plan at any time by contacting the Office of Retirement Services,

but if you decide to enroll at a later date, your enrollment may not begin until 6 months after you submit your completed request. Contact the Office of Retirement Services for details about making changes to your plan. The Medicare health plan you have selected serves a specific service area. If you move out of the area that this plan serves, you need to notify the Office of Retirement Services so you can disenroll and find a new plan in your new area. Once you are a member of this Medicare health plan, you have the right to appeal plan decisions about payment or services if you disagree. You must read the Evidence of Coverage document from the Medicare health plan when you get it to know which rules you must follow to get coverage with this Medicare Advantage plan. You understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

You understand that beginning on the date your selected Medicare health plan coverage begins, you must get all of your health care from this plan, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by your Medicare health plan and other services contained in your Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR MY MEDICARE HEALTH PLAN WILL PAY FOR THE SERVICES.**

**Medicare Release of Information:** By joining this Medicare health plan, you acknowledge that the Medicare health plan will release your information to Medicare and other plans as is necessary for treatment,



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payment and health care operations. You also acknowledge that the Medicare health plan will release your information including your prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment request is correct to the best of your knowledge. You understand that if you intentionally provide false information on this enrollment request, you will be disenrolled from the plan.

You understand that your signature (or the signature of the person authorized to act on your behalf under the laws of the State where you live) on this enrollment request means that you have read and understand the contents of this enrollment request. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.