



# Department of Administration

## Office of Group Insurance

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### **Instructions for completing the Retiree Medical Plan Enrollment Application Form**

**Date of Retirement** - the date you start drawing your state retirement benefit. You must attach a copy of the statement from your retirement system showing the date your retirement benefits begin.

**Date Active Employee Coverage Ends** – if you terminate active employment status prior to the 15<sup>th</sup> day of a month, your eligibility for coverage ends on the last day of that month. If you terminate active status on or after the 15<sup>th</sup> day of a month, your eligibility for coverage ends on the last day of the following month. Your human resources office can provide you with additional information.

**Retiree Plan Effective Date** – Coverage is effective on the first day of the month following the date your active employee coverage terminates, provided your Retiree Medical Plan Enrollment Application is submitted to our office within sixty (60) days of the date your active employee coverage ends. For example, if your active employee coverage ends May 31<sup>st</sup>, you must submit your application by July 30.

If you do not apply for coverage during your initial sixty (60) day eligibility period, you will be considered a late enrollee. Late enrollees are eligible for coverage on the first day of the month following Date of Application.

If you are making a change (i.e. adding or removing a dependent), the effective date can only be the first day of the month following the Date of Application or the date a dependent becomes ineligible for coverage. Retroactive effective dates cannot be provided.

**Policy Type** - Check which policy type you are electing. You do not have to choose the plan you were enrolled in as an active employee. However, if you do choose to continue enrollment in the same policy your deductibles and out-of-pocket maximums will transfer.

**Credited State Service Hours** - CSS hours on date last worked. This can be obtained from your final paystub or your payroll center; you must attach a copy.

**Statement of Understanding** - The application must be signed and dated in this section.

**Incomplete applications will be returned to you.**

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