FBMC
BENEFITS MANAGEMENT
Retiree and Direct Bill Department
P.O. Box 10789
Tallahassee, FL 32302-2789
Fax: 1-866-836-9943

RETIREE ENROLLMENT / CHANGE IN STATUS FORM

Plan Year January 1, 2022 through December 31, 2022

COLLEGE of CENTRAL FLORIDA

LAST NAME	FIRST NAME	MI	HOME PHONE

SOCIAL SECURITY NUMBER	HOME ADDRESS (STREET)	CITY	STATE	ZIP
- -				

☐ Male ☐ Female	☐ Single ☐ Married	BIRTH DATE (MM/DD/YY)	EMAIL ADDRESS

RETIREMENT DATE

EMPLOYEE ID	ENROLLMENT STATUS	REP	EFFECTIVE DATE
	☐ New Retiree ☐ Open Enrollment ☐ Change In Status ☐ Administrative Adjustment		

OFFICE USE ONLY

FORM INSTRUCTIONS: All eligible Retirees must complete an Enrollment Form to receive desired coverage. You must complete this entire Enrollment Form and return it to Employee Benefits to ensure enrollment in the benefits selected. If you did not initially elect Medical, and/or Life Insurance coverage at the time of retirement, enrollment in one of these plans is not a selection option.

When choosing coverage, please check one box per section below.

A valid change in status event is required in order to change/cancel a benefit outside of the open enrollment period. Please write in your Monthly Premium amount.

MEDICAL COVERAGE OPTIONS - MONTHLY RATES				
COVERAGE LEVEL	Retiree Only	+1 Dependent	+ 2 or more Dependents	**Monthly Premium**
☐ **BlueOptions 03769 PPO Plan**	☐ $685.00	☐ $1,370.00	☐ $1,856.00	
☐ **Blue Medicare** (must be medicare eligible)	☐ $271.39	☐ $542.78		
☐ Decline/Cancel Coverage				

GROUP TERM LIFE COVERAGE OPTIONS - MONTHLY RATES			
Basic Term Life & AD&D ($5,000)	☐ $12.10	Retiree Only	
☐ Decline/Cancel Coverage			
		TOTAL:	

DEPENDENT INFORMATION

Instructions: *All eligible dependents must be listed here to be covered. Proof is required to add any eligible dependent.*

Last Name	First Name	MI	Relationship	Date of Birth MM/DD/YYYY	Sex	Social Security #	Student	Disabled	Medical

PLEASE READ AND SIGN REVERSE.

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH / / MM DD YY

BENEFICIARY INFORMATION

All Retirees covered by the retiree life insurance plan must complete the beneficiary information below. This beneficiary information will supersede all previous designations on file with FBMC.

	%	Name	DOB	Address (Street State, City, Zip	Relationship
Primary					
Contingent					

State laws require agencies that are required to collect Social Security numbers (SSN) to disclose the purpose for collecting the SSN. The COLLEGE OF CENTRAL FLORIDA is allowed to collect SSN's when specially authorized by law to do so, or when the collection is imperative for the performance of the District's duties and responsibilities. Pursuant to Federal and State Laws, the District is collecting your Social Security number for the purpose of processing retiree and dependent benefits; this collection is Mandatory. If you do not provide us your SSN, COLLEGE OF CENTRAL FLORIDA cannot process your application/request. The COLLEGE OF CENTRAL FLORIDA will not disclose your SSN to anyone outside of the District except as authorized by law.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. Section 817.234 (1) (b) (2012)

_____ _____

Retiree Signature Date

_____ _____

Benefits Administrator Signature Date

PLEASE RETAIN COPY FOR YOUR RECORDS.