COUNTY OF SAN MATEO
HUMAN RESOURCES DEPARTMENT

RETIREE OPEN ENROLLMENT CHANGE FORM

YOU DO NOT NEED TO COMPLETE AND RETURN THIS FORM IF YOU ARE NOT ENROLLING IN ANY OF THE VOLUNTARY PLANS.

All open enrollment changes must be submitted to our office no later than **November 13, 2020.**

email: Benefits@smcgov.org | Fax: 650-599-1573

SENDING VIA USPS MAIL MAY CREATE ENROLLMENT DELAYS SINCE STAFF IS STILL WORKING REMOTELY- Please email or fax ONLY if making changes

All changes effective **JANUARY 1, 2021**

1. RETIREE INFORMATION (required)

Last Name	**First Name**
Social Security #	**Date of Birth**
Cellphone No.	**Home No.**
Email Address	

Address

PERMANENT ADDRESS **(NO PO BOX)**

Street Address		
City	**State**	**Zip**

2. ENROLL IN THE VOLUNTARY DENTAL/VISION PLAN(S) EFFECTIVE JANUARY 1, 2021

Please Note: Enrollment in any of the voluntary plans requires a 12-month calendar year enrollment period from January 2021-December 2021

VISION PLAN

Action	Provider/Plan	Coverage			
☐ENROLL	**Voluntary Vision Service**	☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child	☐ Family

DENTAL PLAN

Action	Provider/Plan	Coverage			
☐ENROLL	**Voluntary Delta DHMO**	☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child	☐ Family
☐ENROLL	**Voluntary Cigna DPPO**	☐ Retiree Only	☐ Retiree + Spouse	☐ Retiree + Child	☐ Family

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3. ADD DEPENDENT(S)

Dependent #1

Last Name	**First Name**	**Gender:**	☐ Male	☐ Female	
		Relationship:	☐ Spouse	☐ Domestic Partner	☐ Child
Social Security #	**Date of Birth**	**Benefit(s)**	☐ Medical	☐ Dental	☐ Vision

Dependent #2

Last Name	**First Name**	**Gender:**	☐ Male	☐ Female	
		Relationship:	☐ Spouse	☐ Domestic Partner	☐ Child
Social Security #	**Date of Birth**	**Benefit(s)**	☐ Medical	☐ Dental	☐ Vision

Dependent #3

Last Name	**First Name**	**Gender:**	☐ Male	☐ Female	
		Relationship:	☐ Spouse	☐ Domestic Partner	☐ Child
Social Security #	**Date of Birth**	**Benefit(s)**	☐ Medical	☐ Dental	☐ Vision

4. FOR RETIREES WHO MADE OPEN ENROLLEMENT CHANGES - REQUIRED SIGNATURE

FINAL SIGNATURE

SIGNATURE & ACKNOLEDGEMENT REQUIRED

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

☐ **I have read, understand, and agree to the terms and condition above.**

Retiree Signature **Date**

COMMENTS OR SPECIAL INSTRUCTIONS

QUESTIONS?

Visit our Website for detailed plan information and rates!

https://hr.smcgov.org/retiree-benefits