

APPLICATION FOR HEALTH BENEFITS INSTRUCTIONS AND INFORMATION



APPLICATION INSTRUCTIONS

- Complete all applicable sections of the health benefits application. You must print or type legibly.
- Sign the application and return it with all required documentation to the address below.
- Do not send any money with your completed application. Your monthly premium will be deducted from your pension payment. If your monthly pension is not sufficient to cover your premium cost, you will receive a notice regarding the first month's payment with confirmation of your enrollment.
- All members and dependents must enroll in the same plan.
- If you and/or any covered family members are age 65 or older, you must contact the Social Security Administration (SSA) at **1-800-633-4227** or www.medicare.gov.
 - If you (or spouse or dependent) are Medicare-eligible you **must** apply for both Medicare Part A and Part B. **Do not enroll in an individual Medicare Part D plan.** You will need to provide the Fund with a copy of your Medicare card or certification of eligibility on (SSA) letterhead.
 - If you (or spouse or dependent) are age 65 or older but are **ineligible** for Medicare, you **must** provide written certification of your ineligibility on SSA letterhead.
- Your enrollment and the enrollment of any dependents are subject to satisfaction of all eligibility requirements, including any eligibility requirements indicated by the plan.
- After your application is received, you will be notified if further information is required.
- If you need any assistance, please call (312) 603-1200.

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY JANE DOE	
MEDICARE CLAIM NUMBER 000-00-0000-A	SEX FEMALE
IS ENTITLED TO HOSPITAL (PART A) MEDICAL (PART B)	EFFECTIVE DATE 07-01-1986 07-01-1986
SIGN HERE _____	

REQUIRED DOCUMENTATION

Eligible for Medicare: Copy of Medicare card or eligibility letter from SSA for each Medicare-eligible member

Age 65 or Older and Ineligible for Medicare: Written certification of ineligibility from SSA for each Medicare- ineligible member

Copy of birth certificate, adoption papers, or legal guardianship papers for each eligible dependent child

ADDITIONAL INFORMATION

- Your enrollment will become effective on the first day of the month following your termination of employment.
- A retail and mail pharmacy benefit through CVS/Caremark is included with the election of any medical plan.
- Voluntary dental coverage is available through Guardian Dental. Contact Guardian Dental at 1-877-522-2524 or www.guardianlife.com for more information. The Cook County Pension Fund does not subsidize or administer this program; if you choose to participate, you are solely responsible for its costs.
- More information can be found in the Health Benefits Handbook, available at www.cookcountypension.com.

CONTACT INFORMATION

- Medical Plans: **UnitedHealthcare** 1-888-651-7313
- Non-Medicare Pharmacy Coverage: **CVS/Caremark** 1-888-752-7231
- Medicare-Eligible Pharmacy Coverage: **SilverScript** 1-877-878-1670