



# New York University Retiree Benefits Election Form

*Important: This form must be returned to NYU PeopleLink prior to your date of retirement from New York University. Please keep a copy for your records.*

## SECTION 1: Personal Information

Name \_\_\_\_\_ NYU ID \_\_\_\_\_

Home Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Medicare Eligibility Date \_\_\_\_\_ Retirement Date \_\_\_\_\_

Marital Status:  Single  Married  Domestic Partner  Divorced  Widowed

## SECTION 2: Medical Coverage Level (Choose One)

Retiree Only  Retiree Plus Spouse/Domestic Partner

Retiree Plus Child(ren)  Family

## SECTION 3: Medical Coverage Option (Choose One)

**Medicare Eligible Retirees must choose from the options listed below. If you do not have dependents, you will have retiree only coverage.**

	Medicare Eligible Retiree / Medicare Dependents	Non-Medicare Eligible Dependents
_____	NYU Retiree Medical Plan (UHC)	Same
_____	UHC Group Medicare Advantage Plan HMO	POS Value Plan (UHC)
_____	UHC Group Medicare Advantage Plan HMO	POS Advantage Plan (UHC)

**Non-Medicare Eligible Retirees must choose from the options listed below. If you do not have dependents, you will have retiree only coverage.**

	Non-Medicare Eligible Retiree / Non-Medicare Dependents	Medicare Eligible Dependents
_____	NYU Retiree Medical Plan (UHC)	Same
_____	POS Value Plan (UHC)	UHC Group Medicare Advantage Plan HMO
_____	POS Advantage Plan (UHC)	UHC Group Medicare Advantage Plan HMO

\_\_\_\_\_ **Waive Coverage for Self and Dependents**





Name \_\_\_\_\_

NYU ID: \_\_\_\_\_

**SECTION 4: Dependent Coverage**

If you are selecting two person or family coverage, list the dependents you want to cover as of the date your NYU Retiree medical coverage is effective.

\_\_\_ I do not wish to cover dependents

\_\_\_ I wish to cover my dependents as listed below

Name	Relationship	Date of Birth	Medicare Eligible Date	Social Security Number	Date of Marriage (or DP Registration)

**SECTION 5: Retiree Life Insurance**

For all retirees, NYU provides you with **basic life insurance** at no cost to you.

For retirees in Local 1, Local 810, Local 3882, you may be eligible to continue your **supplemental life insurance coverage**. Contact The Prudential Life Insurance Company at 800-778-3827.

**Note: It is very important that you contact The Prudential Life Insurance Company to elect/change your beneficiary(ies) at 800-778-3827.**

**SECTION 6: Authorization**

I agree to be billed for the premium required for the retiree medical plan I have elected. I agree to remit payment within 31 days of the date of billing. If I do not remit payment within 31 days of billing, I understand that I will have canceled my coverage and I will not be able to reinstate coverage at a later date.

I understand that I may cancel or change my benefit coverage at any time provided I give NYU 31 days' notice, in writing. A request for disenrollment from the UHC Group Medicare Advantage HMO plan must be submitted in writing. Disenrollment will be effective the first of the following month.

I understand I must inform NYU if a dependent on my medical plan is no longer eligible for coverage within 31 days of the date he or she is no longer eligible in order to have my contributions adjusted.

Signature \_\_\_\_\_ Date \_\_\_\_\_