

City of Baltimore  
Department of Human Resources  
7 E Redwood St, 20<sup>th</sup> Floor  
Baltimore, MD 21202

**ENROLLMENT FORM DEADLINE**

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**2021 RETIREE BENEFITS ENROLLMENT FORM**

**Event: Retirement**

Effective Date: \_\_\_\_\_

**Event: Open Enrollment**

Effective Date: \_\_\_\_\_

**INSTRUCTIONS:**

**Step 1:** Review your **2021 Retiree Benefits Booklet** and **2021 Medical & Prescription Drug Plan Rate Charts** before making your elections.

**Step 2:** Review **Your Current Retiree and Dependent Information**. If you want to enroll eligible dependents, please provide the information requested in the spaces provided below. Attach a copy of the Medicare card, if enrolled, if the information is missing or incorrect.

**00# Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medicare #:** \_\_\_\_\_ **Medicare Part A Date:** \_\_\_\_\_ **Medicare Part B Date:** \_\_\_\_\_

(If enrolled, attach copy of Medicare card.)

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**01# Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medicare #:** \_\_\_\_\_ **Medicare Part A Date:** \_\_\_\_\_ **Medicare Part B Date:** \_\_\_\_\_

(If enrolled, attach copy of Medicare card.)

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**02# Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medicare #:** \_\_\_\_\_ **Medicare Part A Date:** \_\_\_\_\_ **Medicare Part B Date:** \_\_\_\_\_

(If enrolled, attach copy of Medicare card.)

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**03# Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medicare #:** \_\_\_\_\_ **Medicare Part A Date:** \_\_\_\_\_ **Medicare Part B Date:** \_\_\_\_\_

(If enrolled, attach copy of Medicare card.)

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**Step 3 - A:** Review the **2021 Medical Plan Rate Chart** to determine your medical plan option, coverage level and cost. Then elect (X) for the medical plan you and your dependents, if any, are eligible for based on the Medicare status of each person and write the monthly medical plan cost in the spaces below.

(continued on next page)



**Step 4 - A:** Review the **2021 Prescription Drug Plan Rate Chart** to determine your prescription drug plan option, coverage tier and cost. You and your dependents must be enrolled in a Baltimore City medical plan in order to have prescription drug coverage. (If you elect *BlueChoice Advantage PPO Standard Option* medical plan, you may only elect the *CareFirst CVS (Standard Option)* prescription drug plan or *No Coverage*. If you elect any other medical plan, you may only elect the *CareFirst CVS (High Option)* prescription drug plan or *No Coverage*.) Then elect (X) for the prescription drug plan for you and your dependents, if any.

|                                |                                    |                  |
|--------------------------------|------------------------------------|------------------|
| ____ CareFirst CVS High Option | ____ CareFirst CVS Standard Option | ____ No Coverage |
|--------------------------------|------------------------------------|------------------|

**Step 4 - B:** Indicate below whom you want to enroll in the prescription drug plan elected above including yourself by writing the 2-digit retiree /dependent number (from Step 2 next to the employee/dependent name) in the spaces provided below.

**Prescription Drug: (Example) 00** / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Step 5 - A:** Review the **Vision** benefit in your 2021 **Retiree Benefits Booklet**. If eligible, elect (X) for the vision plan below.

|   |                  |
|---|------------------|
| ____ National Vision Administrators (NVA) | ____ No Coverage |
|---|------------------|

**Step 5 - B:** Indicate below whom you want to enroll in the **vision plan** elected above including yourself by writing the 2-digit retiree/dependent number (from Step 2 next to the retiree/dependent name) in the space provided below.

**Vision (If eligible): (Example) 00** / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Step 6:** Documentation is required for newly added dependents to show proof of relationship. **Refer to the Required Documentation Form for Ongoing Enrollment.**

**Step 7:** The City of Baltimore requires all retired members covered under a Baltimore City medical plan to enroll in Medicare Part B through Social Security Administration (SSA) at the time they become eligible for Medicare Part A. Once enrolled in Part B, they must remain enrolled in order to receive the maximum possible benefit. **Attach a copy of the Medicare card for you and/or your dependent(s) if you or your dependents are enrolled in Medicare Parts A&B and the information, we have on file is missing or incorrect.**

**Step 8:** Provide your contact information in the spaces provided below.

|                       |                       |              |
|-----------------------|-----------------------|--------------|
| Phone # (Home): _____ | Phone # (Cell): _____ | Email: _____ |
|-----------------------|-----------------------|--------------|

**Step 9:** Sign and date this enrollment form. Mail this form and a copy of your required documentation (*such as court-certified marriage certificates, birth certificate, etc.*) for newly added dependents and Medicare card for members enrolled in Medicare Part A&B, if applicable, to **Office of Employee Benefits, 7 E. Redwood Street, 20<sup>th</sup> Floor, Baltimore, MD 21202** by your enrollment form deadline.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

**Step 10:** If you have any questions, please contact the Office of Employee Benefits between 8:30 AM EST and 4:30 PM EST at 410-396-5830 and select option 2 (City Retirees) or 3 (BCPSS Retirees) and then option 1 to speak to an Employee Benefits Specialist.