

# Pre-Retirement Guide

## State of Maine Employees and Ancillary Employer Groups

### An Overview to Your Benefits in Retirement



Department of Administrative and Financial Services  
Division of Employee Health and Benefits  
220 Capitol Street  
114 State House Station  
Augusta, ME 04333-0114

[www.maine.gov/beh](http://www.maine.gov/beh)

(207)287-6780  
1-800-422-4503  
TTY 1-888-577-6690

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# Retirement Process Checklist

- ✓ Choose a retirement date
- ✓ Contact the **Maine Public Employees Retirement System**
  - (207) 512-3100 or 1-800-451-9800
  - Request a Benefit Calculation Estimate 6 to 12 months prior to retirement
  - Upon review of your estimate, schedule an appointment to attend a small group counseling session and/or
  - Request a Retirement Application Packet
  - Select a Benefit Payment Option
  - Complete your Retirement Application and file it with the Retirement System. (Applications are accepted up to 12 months prior to your retirement date but should be filed at least 30 days before.)
  - [www.maineopers.org](http://www.maineopers.org)
- ✓ Contact your local **Social Security Administration** Office ([www.ssa.gov](http://www.ssa.gov)) regarding eligibility for Social Security benefits and Medicare if applicable.

Auburn	1-866-627-6996	Rockland	(207)596-6633
Augusta	1-866-882-5422	Saco	1-877-253-4715
Bangor	1-877-405-1448	Waterville	1-866-931-9169
Portland	1-877-319-3076	Portsmouth, NH	1-888-397-9796
Presque Isle	1-866-837-2719		

- ✓ Contact the **Division of Employee Health and Benefits**
  - (207)287-6780 or 1-800-422-4503
  - Schedule an appointment to meet with a Benefits Specialist approximately one month prior to your retirement date
  - Complete the necessary forms to either enroll or decline retiree health coverage
  - [www.maine.gov/beh](http://www.maine.gov/beh)
- ✓ Notify the Human Resources personnel for your department
  - Complete a Continuation of Benefits form (dental, vision, etc)

# Part I: Group Health Plan

## Eligibility for Retirees

(Title 5, Part 1, Chapter 13, Subchapter 2, §285, sub-§1-A)

Members of the State Employee Health Plan must meet the following criteria in order to be eligible to keep the State of Maine health insurance plan after retirement:

- Disability Retirement: If retiring on a disability retirement and have participated in the group health plan immediately prior to retirement.
- Service Retirement: If retiring (not retiring on a disability retirement) and have participated as an employee in the group health plan for **at least one year immediately prior to retirement** and drawing a retirement check.
- Terminating Employment with 25 Years of Creditable Service:
  - If terminating employment but not retiring at that time and have twenty-five (25) years of creditable service (as defined in chapter 423, subchapter IV) to continue coverage. State employees are provided with a one-time option to continue coverage from date of termination until retirement and pay the cost of the coverage, plus the administrative cost incurred by the Division of Employee Health and Benefits. If a terminated employee fails to pay the monthly premium, coverage will be canceled for nonpayment of premium. The employee is still entitled to elect coverage upon entering retirement status, provided that the one-time election form was completed at the time of termination (sample form in the back of this brochure).
  - If terminating employment and has at least 25 years of creditable service but elects not to continue coverage, the employee may also make a one-time election to rejoin the group health insurance plan at retirement. The State contribution for monthly premium costs will be determined by the applicable statute at the time the one-time election is made. **Employees must complete the One Time Election of Health Insurance form within 60 days from the date of termination of State employment.** It is the responsibility of the employee to provide documentation that they have at least 25 years of creditable service. (Sample form is located in the back of this guide.)
  - §285, sub-§1-A, paragraph D and E

# Part I: Group Health Plan

## Premium Rates for Retirees

(Title 5, Part 1, Chapter 13, Subchapter 2, §285, sub-§7, G-L)

Once all eligibility requirements have been satisfied, premium rates for the individual retiree premium are based on four factors:

- 1) The date first employed by the State of Maine or ancillary employer group
- 2) Years of participation in the State of Maine group health insurance plan
- 3) Retirement date
- 4) Age at retirement

- **For persons first employed by the State on or before July 1, 1991:**
  - Retiring on or before January 1, 2012, the State shall pay 100% of the individual retiree premium if employee had at least one year of participation in the health insurance plan immediately prior to retirement.
  - Retiring after January 1, 2012, the State shall pay 100% of the individual retiree premium if:
    - the employee has at least one year of participation in the health insurance plan
    - the employee is at least of normal retirement age as determined by your retirement plan at the Maine Public Employees Retirement System.
  - Retiring after January 1, 2012 and younger than normal retirement age, the individual retiree premium is paid 100% by the retiree until normal retirement age is attained
  
- **For persons who were first employed by the State after July 1, 1991 but before July 1, 2011\*:**
  - Retiring on or before January 1, 2012: The State shall pay a pro rata portion of the retiree's share of the individual premium. (See table below.)
  - Retiring after January 1, 2012 and at least normal retirement age: The State shall pay a pro rata portion of the retiree's share of the individual premium. The pro rated portion is based upon the number of years participating in the group health plan as follows:
 

<u>Years of Participation</u>	<u>State Contribution</u>
Less than 5 years	No contribution
5 years but less than 6 years	50%
6 years but less than 7 years	60%
7 years but less than 8 years	70%
8 years but less than 9 years	80%
9 years bus less than 10 years	90%
10 years or more	100%
  - Retiring after January 1, 2012 and younger than normal retirement age, the individual retiree premium is paid 100% by the retiree until normal retirement age is attained. Once the retiree reaches normal retirement age, the pro rated premium (as stated above) would apply.

\*If employed by the Maine Community College System, date first employed after 7/1/1991 but before 1/1/2012.

Premium rates continued on next page



# Part I: Group Health Plan

## Premium Rates for Retirees (continued)

(Title 5, Part 1, Chapter 13, Subchapter 2, §285, sub-§7, G-L)

- **For persons who were first employed by the State on or after July 1, 2011\*:**
  - Retiring after January 1, 2012 and at least normal retirement age: The State shall pay a pro rata portion of the retiree's share of the individual premium. The pro rated portion is based upon the number of years participating in the group health plan as follows:
 

<u>Years of Participation</u>	<u>State Contribution</u>
Less than 10 years	No contribution
10 but less than 15 years	50%
15 but less than 20 years	75%
20 or more years	100%
  - Retiring after January 1, 2012 and younger than normal retirement age, the individual retiree premium is paid 100% by the retiree until normal retirement age is attained. Once the retiree reaches normal retirement age, the pro rated premium (as stated above would apply).

Pursuant to Title 20-A, section 12722, subsection 5, this subsection applies to participants in the defined contribution plan offered by the Maine Community College System Board of Trustees under Title 20-A, section 12722.

\*If employed by the Maine Community College System, date first employed is on or after 1/1/2012.

\*\*The provisions on page 5 and above do not apply to employees retiring from the Maine Maritime Academy. MMA retirees are responsible for 100% of their individual premium.

### Premium Rates for a Spouse and Dependent(s)

Upon retirement any State contribution towards the premium for a spouse and/or dependents ends. Once retired, 100% of the premium for a spouse and/or dependents is paid by the retiree. Please refer to the enclosed rate sheet for current premium amounts. A spouse/dependent may also be added at a future date; see Certification for Future Enrollment on page 7 of this guide.

### Remitting Health Premium Payments

For those retiring under the Maine Public Employees Retirement System, a period of time is required to process the retirement benefits and to update the retiree billing process. Until the automatic deduction is set up from the pension check, the retiree may be billed directly for two or three months of premium amounts due for either the retiree coverage (if not 100% paid by the State) or the spouse/dependent(s) coverage. All amounts billed directly to the retiree should be paid within the period specified to ensure continuity of coverage.

## **Part I: Group Health Plan Declining or Withdrawing From Coverage**

(Title 5, Part 1, Chapter 13, Subchapter 2, §285, sub-§3-C)

There is a one-time option for a retiree to decline (at the time of retirement) or withdraw from (after retirement) coverage under the State health insurance plan and then re-enroll at a later date in the same type of coverage with the same spouse and/or dependent(s) that were enrolled at the time of withdrawal provided that:

- The retiree must demonstrate that the retiree was covered under this plan or another health insurance plan for at least 18 months immediately prior to re-enrollment. This would also be required if re-enrolling the spouse and/or dependent(s).
- The provisions stated in the above statute have been met. (See an excerpt of the statute on the sample of required form in the back of this guide. There is an additional reference on page 7.)

## Part I: Group Health Plan Retiree Health Plans Available

As a retiree there are three different health plans available:

1. Point of Service Plan ("POS"): For non-Medicare eligible retirees. This is the same plan in which the active employees are covered.
2. Preferred Provider Organization Plan ("PPO"): Out-of-state plan for non-Medicare retirees who reside 9 months or more outside of Maine.
3. Medicare Retiree Plan: A supplement to Medicare. (Enrollment in Medicare parts A and B is required for participation.)

### How to Enroll for Retiree Health Coverage

The employee should contact the Division of Employee Health and Benefits at 287-6780 or 800-422-4503 about one month prior to retirement to schedule an appointment to meet with a Benefits Specialist. The various forms you will be asked to review/complete are:

- Application for Retired Health Insurance Transfer form: The purpose of this form is to transfer the health insurance coverage from the active employee group to the retiree group. *This transfer is not done automatically.* The retiree may also elect to remove a spouse and/or dependents from their policy (see Certification for Future Enrollment below).
- Certification for Future Enrollment form: The purpose of this form allows for a one-time option to re-enroll the spouse or dependent(s) previously removed at the time of retirement (stated on the Health Insurance Transfer form above). This form is to be filled out at the time of retirement. Only those members listed on this form may qualify to be added to the retiree's policy. (5 MRSA, §285, sub-§3-B)
- Request to Decline or Withdraw from Coverage for State of Maine Group Retirees: The purpose of this form is to provide a one-time option for a retiree to decline (at the time of retirement) or withdraw from (after retirement) coverage under the State health insurance plan and then re-enroll at a later date in the same type of coverage with the same dependents that were enrolled at the time of withdrawal. (5 MRSA, §285, sub-§3-C)
- One Time Election of Health Insurance: The purpose of this form is if the employee is terminating employment but not retiring at that time and has twenty-five (25) years of creditable service (as defined in chapter 423, subchapter IV), the employee may elect to continue coverage at their own expense until retirement. The employee may also elect not to continue coverage; the employee may make a one-time election to rejoin the group health insurance plan at retirement. The State contribution for monthly premium costs will be determined by the applicable statute at the time the one-time election is made. (§285, sub-§1-A, paragraph D and E)

**All forms are due within 60 days of retirement.** Samples of all forms are located in the back of this guide.

# **Part I: Group Health Plan**

## **Qualifying Life Events for Retirees**

The basic reasons allowed for adding members to the retiree health policy are:

- New marriage
- Birth or adoption of a child
- Involuntary loss of coverage

For the Point of Service and Out-of-State plan, a Member Enrollment/Member Change Form will be required. For the Supplement to Medicare plan, all information should be provided to the Division of Employee Health and Benefits in writing. For all plans, the forms or written documentation must be received within 60 days of the life event.

## **Split Contracts**

If the retiree's spouse is also a State of Maine employee, a family (health insurance) contract may be shared. This type of contract is called a "split" contract. Premium for children is shared and your portion will be deducted from your retirement benefit check. The State will continue to pay the portion for an active employee.

## **Surviving Spouse Coverage**

If the retiree should predecease their spouse and dependent(s), coverage for your spouse/dependent(s) would continue. An Application for Transfer form must be completed to ensure the transfer of coverage into the surviving spouse/dependent's name. However, if your spouse should remarry, no new dependents may be added to the policy.

## Part I: Group Health Plan Medicare Benefits

### Qualifying for Medicare:

**It is important that you check with Social Security to find out if you qualify for Medicare or not.** You will find a list of the local Social Security Office locations and phone numbers on page 3 of this guide.

When you work and pay Social Security taxes, you earn “credits” toward Social Security benefits. To qualify for Medicare at **age 65**, you need 40 credits or 10 years of work. If you do not qualify under your own earnings history, you may also qualify for Medicare through the earnings history of your current spouse, former spouse or deceased spouse; if they qualify for Social Security then you qualify for Medicare.

In 1986, a Medicare payroll tax (1.45%) was imposed upon employees not participating in the Social Security system. If you contributed to this Medicare tax for ten (10) years, you would then qualify for Medicare at **age 65**.

If you are eligible for Medicare Part A (at no cost) and Part B, then you must apply for Medicare Parts A & B in order to remain enrolled in the State of Maine retiree supplement to Medicare plan.

Qualifying for Medicare does not necessarily make you eligible for Social Security. Medicare will bill you for Part B coverage if you qualify and do not receive a Social Security check or your check is not large enough to withhold the premium due.

If you do not qualify for Medicare or not eligible for Medicare Part A at no cost, you must provide written Social Security documentation to the Division of Employee Health and Benefits stating you do not qualify.

## **Part I: Group Health Plan Medicare (continued)**

### When to Apply for Medicare:

#### Still working....

You may apply for Medicare Part A within 3 months of your 65<sup>th</sup> birthday. If still working, Part A will just sit in the background and wait for you to retire. Your active Point of Service policy will remain your primary insurance until you do retire. You will need to complete a Member Enrollment/Member Change Form for the current carrier so they may now coordinate benefits with your Medicare Part A insurance. You can get this form from the Division of Employee Health and Benefits or at [www.maine.gov/beh](http://www.maine.gov/beh).

#### Preparing to retire....

As you prepare to retire, you will notify Social Security you are retiring and ready to enroll in Part B. You will want to let Social Security know that you have been covered under an employer sponsored group health plan so you are not penalized for not picking up Part B at age 65. You do not need to enroll in Part B until retirement.

#### Retired....

Once retired, three months before your 65<sup>th</sup> birthday you will receive a packet of information from the Division of Employee Health and Benefits. That packet will include an enrollment form to transfer your coverage from the Point of Service or Out-of-State plan to the State's supplement to Medicare plan. Please include a copy of your Medicare ID card with your application. If you have not yet received your ID card, Social Security can provide you with the information that will be printed on your card.

### Medicare Coverage:

- Part A (Hospital Insurance): Provides coverage for inpatient hospital care, skilled nursing facilities, hospice and home health care. Part A is free.
- Part B (Medical Insurance): Provides coverage for doctors' services, hospital outpatient care, home health care and some preventive services. Part B is at your own expense.
- Part D (Prescription Drug Coverage): Your prescription coverage will be included with the State of Maine supplement to Medicare plan. This coverage is considered a Part D prescription plan. You do not need to purchase a separate Part D insurance. You cannot have more than one Part D insurance plan.

## **Part II: Additional Benefits**

### **Dental Insurance:**

Dental insurance is not a benefit that is carried into retirement. Under Federal law, the Consolidated Omnibus Reconciliation Act ("COBRA"), all retiring or terminating State employees will be offered the opportunity to continue dental insurance for up to an 18-month period after termination of employment. The Division of Employee Health and Benefits will provide an Election Form which must be completed and returned within the 60-day election period. The spouse and/or any dependents that are currently on the policy may be covered under the COBRA coverage period. Dependents may also be removed at retirement or termination.

The COBRA dental policy may be cancelled at any time during the 18-month period. To cancel, notify Employee Health and Benefits in writing.

The retiree is responsible for the entire monthly premium payment. The premium can not be automatically deducted from the retiree's pension check. The Division of Employee Health and Benefits will mail the COBRA invoice for premiums due each month. Payments may be made by mailing a check to Employee Health or cash payments may be made in person.

Once your COBRA benefit has expired, you may wish to join a dental group sponsored by the Maine Association of Retirees ("MAR") 207-582-1960 or the Maine State Employees Association ("MSEA") 207-622-3151.

### **Employee Assistance Program:**

The Employee Assistance Program ("EAP") is available to retirees and members of their household. EAP provides confidential counseling to members for any type of personal problems. The EAP is staffed by licensed professional counselors who are well experienced in all areas. There is no cost for EAP services which include up to 8 free visits per issue or problem. If additional assistance is needed, the counselor will refer to the mental health/substance abuse coverage provided under the retiree health insurance plan. For services, call EAP at 1-800-451-1834.

### **Anthem Vision:**

This benefit is available to retirees offering the same coverage received by the active employees. Current participants may contact Employee Health and Benefits so we may transition your policy to the retiree group. Retirees will also have the option to enroll during open enrollment held every October with a January 1<sup>st</sup> effective date.

Employee Health and Benefits will mail the retiree a monthly invoice for premiums due. The retiree is responsible for the entire monthly premium payment. The premium can not be automatically deducted from the retiree's pension check. Payments may be made by mailing a check to Employee Health or cash payments may be made in person.

As a retiree, the retiree vision policy may be cancelled at any time as it is considered an 'open group'. To cancel, notify Employee Health and Benefits in writing.

## Part II: Additional Benefits (continued)

### Deferred Compensation:

Unused vacation time will be paid out to the employee at the time of retirement. If receiving vacation pay with the final pay check, you have the option to defer part or most of your paid vacation time to deferred comp. To prepare for this type of transaction, just contact your payroll/personnel person in your department to determine how much of your vacation pay is available for deferral. Then complete a Joinder Agreement form (provided by Employee Health & Benefits) about 3 weeks before your final pay date.

Once separated from State service, the retiree will then have a variety of options regarding the distribution of their deferred compensation account. Some of those distribution options include: leave the account in the State's plan, change investment options within the plan, rollover to an IRA or another plan, or cash out all or part of the account (lump sum or systematic withdrawals). The local financial service organization representative should be contacted to initiate any of these options.

*(This section only applies to participants in the State of Maine 457b Deferred Compensation Plan. Retirees from an ancillary employer group should contact their own plan administrator.)*

### Long-Term Care Insurance:

This benefit is available to retirees offering the same coverage and same rates received by the active employees.

- Current participants: To continue the policy in retirement, you need not do anything. The direct bill by Prudential or Aetna will continue. The carrier may be contacted directly to cancel or make changes to the existing policy. Prudential 1-800-732-0416; Aetna 1-800-537-8521.
- Not a member: This is a benefit available to retirees who can enroll at any time by contacting Prudential customer service at the same number above or by going on-line to [www.prudential.com/glctweb](http://www.prudential.com/glctweb) (group name: maineltc & access code: pinecone). (Aetna no longer offers new policies.)

### Flexible Spending Accounts:

- Current participants: If the account is in a positive status, COBRA will be offered for the remainder of the calendar year.
- Not a member: This is not a benefit to retirees as contributions may only be made through active employee wages.

*(This section only applies to participants in the State of Maine Flexible Spending Accounts. Retirees from an ancillary employer group should contact their own Benefits Department.)*

### Life Insurance:

- This benefit is administered by the Maine Public Employees Retirement System.

Return to:  
114 SHS, Augusta, ME 04333-0114

**STATE OF MAINE**  
**Employee Health and Benefits**  
**Application for Retired Health Insurance Transfer**

Retirement Date\*: \_\_\_\_\_  
(\*Last day worked or on payroll)  
Regular: \_\_\_\_\_ or Disability: \_\_\_\_\_

Check Plan: Single <input type="checkbox"/> 2-Person <input type="checkbox"/> Family <input type="checkbox"/> Adult w/children <input type="checkbox"/> Split <input type="checkbox"/>			Group Number:
Department Name: _____ Occupation _____ Were you first hired by the State of Maine prior to 7/1/1991? YES <input type="checkbox"/> NO <input type="checkbox"/> Employment Date: _____			Certificate Number:
Retiree Name	Home Phone #	Date of Birth	Social Security Number
Spouse <input type="checkbox"/> or Domestic Partner <input type="checkbox"/> (Complete only if eligible for coverage) Name:		Date of Birth	Social Security Number
Mailing Address: Street		City	State Zip Code

**TO DELETE DEPENDENTS**

**\*Please Note: Dependents deleted will not be eligible for re-enrollment unless I have completed and signed a Certification for Future Enrollment form or have a qualified life event.**

Name(s)	Social Security Number	Birthdate	*Reason (see below)	Effective Date
Spouse:				
Dependent: (oldest first)				
Dependent:				

**\*Reasons:** A. Marriage B. Divorce C. Separation D. Death E. Entered Military Service F. Medicaid or State Assistance  
G. Has Own Anthem BC/BS Contract H. Other Insurance \_\_\_\_\_ I. Other \_\_\_\_\_

**MEDICARE ELIGIBLE**

Applicant Medicare Claim Number	Spouse's Medicare Claim Number
Effective Dates:            month    day    year	Effective Dates:            month    day    year
Hospital Insurance (Part A)            :            : Medical Insurance (Part B)            :            :	Hospital Insurance (Part A)            :            : Medical Insurance (Part B)            :            :

**Check One:** \_\_\_\_\_ I hereby authorize the Maine Public Employees Retirement System to deduct the proper amount to cover the costs of my coverage and/or my dependents  
 \_\_\_\_\_ I have elected not to transfer the coverage and have signed a Request to Decline or Withdraw From Coverage Form  
 \_\_\_\_\_ I am not presently covered by the State of Maine Group Health Plan  
 \_\_\_\_\_ I am a participant of the Maine Community College System Defined Contribution Plan and electing retiree health coverage. (Group: S612-14)

I have been advised that if at the time of retirement I am covered by the State of Maine group health plan and meet the applicable statutory requirements, I may request transfer of my health coverage to retirement status. The part of the monthly premium for which I am responsible will be deducted from my retirement benefit check. I also acknowledge that if I elected to delete dependents on this form, I will not be eligible to re-add them at a later date unless I complete and sign a Certification for Future Enrollment form or have a qualified life event.

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b> First hire date _____ Years of participation in the State group health plan _____ Percent of State paid retirement benefit _____	Retirement/Group Effective Date: Month          Day          Year _____ Group # _____
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**CERTIFICATION FOR FUTURE ENROLLMENT  
FOR DEPENDENTS OF STATE OF MAINE GROUP RETIREES**

If applicable, this completed form must accompany the Application for Retired Health Insurance Transfer within 60 days of retirement. Mail completed forms to: **Employee Health & Benefits, 114 State House Station, Augusta, ME 04333-0114**

**5 MRSA §285, sub-§3-B**

**3-B. Enrollment of spouse and dependents of retirees.** Effective January 1, 2003, a retiree eligible for participation in the group health plan under this section may enroll a spouse and dependents in the group plan as follows:

- A. Upon retirement, the retiree may enroll a spouse and dependent or dependents for coverage under the plan effective on the date of retirement; or
- B. Subsequent to retirement, the retiree may enroll a spouse and dependent or dependents for coverage under the plan if:
  - (1) At the time of retirement, the retiree designated in writing the name of the spouse and dependent or dependents to be enrolled at a future date; and
  - (2) The spouse and dependent or dependents can demonstrate coverage for at least 18 months immediately prior to enrollment under another health insurance plan or can demonstrate coverage for that person pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 under a prior plan has been exhausted.

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Department: \_\_\_\_\_

I understand that I have the option to add my spouse and /or eligible dependent(s) at a future date as provided in 5 MRSA §285, sub-§3-B. I must contact the office of Employee Health & Benefits at 207-287-6780 or 1-800-422-4503 to obtain an application.

**Only those names listed below are eligible for future enrollment.**

Spouse	Social Security #	Date of Birth
Dependent	Social Security #	Date of Birth
Dependent	Social Security #	Date of Birth

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

EH&B approval _____
Date _____
Group number _____

**REQUEST TO DECLINE OR WITHDRAW FROM COVERAGE  
FOR STATE OF MAINE GROUP RETIREES**

Completion of this form allows retirees who have declined or withdrawn from coverage to reenroll at a later date pursuant to Title 5 MRSA §285, sub-§3-C. This form should be mailed to: **Employee Health & Benefits, 114 State House Station, Augusta, Maine 04333-0114.**

**Sec. 1. 5 MRSA §285, sub-§3-C** is enacted to read:

**3-C. Retirees may decline coverage and reenroll.** A retiree eligible for a group health plan under subsection 1, paragraph G may elect to decline or to withdraw from coverage under the plan and to reenroll in the plan at a later date pursuant to the provisions of this subsection.

A. The retiree must demonstrate that the retiree was covered under this plan or another health insurance plan for at least 18 months immediately prior to reenrollment or that health insurance coverage for that person pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 under a prior plan has been exhausted.

B. Any conditions on eligibility or coverage under subsection 1-A, paragraph D or E continue to apply at the time of reenrollment.

C. The retiree may reenroll in the same contract type in which the retiree was enrolled at the time the retiree declined or withdrew from coverage, except for any change in contract type allowed under subsection 3-B.

D. An election under this subsection, which may be made only once, must be made either:

(1) At the time of retirement; or

(2) Following retirement, provided the person had elected at the time of retirement to be covered by the state program.

E. If a spouse or dependent of the retiree was enrolled in the plan at the time the retiree withdrew pursuant to this subsection, the spouse or dependent may reenroll if the spouse or dependent meets the 18-month coverage criteria set forth in paragraph

A. A spouse or dependent who was not enrolled at the time the retiree withdrew may enroll only if that person meets the criteria set forth in subsection 3-B, paragraph B.

This subsection does not apply to persons who are reemployed by the State following retirement as provided in Public Law 2001, chapter 442.

**Sec. 2. Application.** This Act applies to persons who elect to decline or withdraw from coverage on or after the effective date of this Act. Effective September 13, 2003, unless otherwise indicated.

**CIRCLE ONE**

I wish to DECLINE or WITHDRAW coverage under the State of Maine health plan. I am a retiree who is

eligible for State-paid health insurance pursuant to 5 MRSA §285, sub-§1-G. I understand that I have the option to reenroll at a later date as long as I have met the provisions stated in the above statute.

**Retiree Name**

**Social Security #**

**Retirement Date & Department (if applicable)**

**Retiree Signature**

**Date**

EH&B approval \_\_\_\_\_ Date \_\_\_\_\_

Type of Plan \_\_\_\_\_ Group # \_\_\_\_\_

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

**STATE OF MAINE**  
**ONE TIME ELECTION OF HEALTH INSURANCE PER P.L. 652**

TERMINATION DATE:    /    /     
 RETIREMENT DATE:    /    /   

**Return completed form to:**  
**Employee Health and Benefits, 114 State House Station, 220 Capitol Street, Augusta, Maine 04333-0114**

<b>Employee Information</b>	Department Name: _____	Occupation: _____
_Were you first hired by the State of Maine prior to 7/1/91? _____		Employment date: _____
<u>RETIREE NAME</u>	<u>HOME PHONE</u>	<u>DATE OF BIRTH</u>
<u>SOCIAL SECURITY NUMBER</u>	_____	
<u>ADDRESS: STREET</u>	<u>CITY</u>	<u>STATE</u>
		<u>ZIP CODE</u>

**CURRENT COVERAGE**

**Plan Type:**    \_\_\_ Single    \_\_\_ 2-Person    \_\_\_ Family    \_\_\_ Adult w/Children    \_\_\_ Split Contract  
**Dependent Covered Effective:**    /    /    (today's date)

Name(s)	Social Security Number	Date of Birth
Spouse:	- - -	/ /
Dependent:	- - -	/ /
	- - -	/ /
	- - -	/ /

I understand this is my one time election as provided by P.L. 652. This law provides the following: If terminating employment but not retiring at that time, have 25 years of creditable service under chapter 423, subchapter IV and remain a member of the Maine Public Employees Retirement System, make a one-time election to continue coverage from the date of termination until retirement and pay the cost of the coverage plus the cost incurred by the Division of State Employee Health Insurance in administering coverage under the plan. If I elect to continue and maintain my health insurance coverage, I understand that changes may be made to my current plan (level) subject to eligibility guidelines. If I fail to maintain coverage under the State of Maine group, I will only be able to reenter the group at the time I elect to retire.

If I do not elect to continue my health insurance coverage, no changes may be made to my current plan level and only those dependents listed above are eligible, subject to eligibility guidelines, for coverage on my plan at the time I elect to retire.

**Check one:**    \_\_\_ I elect to continue health coverage and understand I will be billed directly. Current Premium \$\_\_\_\_\_.  
                   \_\_\_ I elect not to continue my health insurance coverage and will only be permitted to reenter the State of Maine group at the time of retirement.

I understand that at the time I retire, I must contact the Office of Employee Health and Benefits to complete an application to transfer my health insurance into retirement status.

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

For Office Use: First Hire Date: _____ Years of participation in State group health plan: _____ Percent of State paid retirement benefit: _____ <input type="checkbox"/>	DB Group Effective Date Month          Day          Year _____ Group #: _____ D
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