



Retiree and Direct Bill Department • PO Box 10789 • Tallahassee, FL 32302  
 Service Center: 855-56JHS4U (855-565-4748) Direct Bill Fax: 866-836-9943

# 2021 RETIREE ENROLLMENT FORM

**JHS SELECTION FORM FOR  
 RETIREES UNDER 65 & NOT MEDICARE ELIGIBLE**

## SECTION 1: RETIREE INFORMATION

**PLEASE WRITE IN ALL CAPITAL LETTERS**

|                               |  |  |   |            |     |  |                             |  |
|-------------------------------|--|--|---|------------|-----|--|-----------------------------|--|
| LAST NAME                     |  | FIRST NAME   |   | MI         | SS# |  |                             |  |
| ADDRESS (STREET, CITY, STATE) |  | ZIP  |   |            |     |  |                             |  |
| EMAIL ADDRESS                 |  |  |   | HOME PHONE |     |  |                             |  |
| BIRTH DATE                    |  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> SINGLE | CELLPHONE  |     |  | EFFECTIVE DATE (MM/DD/YYYY) |  |

**SECTION 2: INSTRUCTIONS** RETIREES: You may only continue, decrease, or cancel coverage. You may not increase coverage. Unless HIPAA special enrollment rights apply, you may not increase or add coverage. Elections will continue in the following plan years unless you change them. Your selection will be effective Jan. 1, 2021. Please note that all cancellations are IRREVOCABLE. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you do not participate in Open Enrollment, your current medical coverage and those of your dependents will continue for the 2021 plan year. Jackson Standard HMO is a grandfathered-in plan and is only available to current participants.

## SECTION 3: RETIREE MEDICAL

### MEDICAL RATES

| (Please mark one box only)<br><input type="checkbox"/> CANCEL MEDICAL <input type="checkbox"/> NOT ENROLLED | MONTHLY RATES FOR:  | JACKSON FIRST HMO                   | JACKSON SELECT HMO PLAN             | JACKSON STANDARD HMO PLAN*          | JACKSON POS PLAN                    |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | Retiree Only  | <input type="checkbox"/> \$652.44   | <input type="checkbox"/> \$687.51   | <input type="checkbox"/> \$838.94   | <input type="checkbox"/> \$1,543.59 |
|   | Retiree & Spouse/DP Under 65  | <input type="checkbox"/> \$1,369.43 | <input type="checkbox"/> \$1,442.99 | <input type="checkbox"/> \$1,894.74 | <input type="checkbox"/> \$2,938.68 |
|   | Retiree & Child(ren)†   | <input type="checkbox"/> \$1,268.40 | <input type="checkbox"/> \$1,336.59 | <input type="checkbox"/> \$1,741.54 | <input type="checkbox"/> \$2,693.17 |
|   | Retiree & Spouse/DP Under 65, plus Child(ren)†                              | <input type="checkbox"/> \$1,670.07 | <input type="checkbox"/> \$1,759.82 | <input type="checkbox"/> \$2,346.12 | <input type="checkbox"/> \$3,988.89 |
|   | Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO No Rx           | N/A                                 | <input type="checkbox"/> \$1,086.29 | N/A                                 | <input type="checkbox"/> \$1,942.37 |
|   | Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO                 | N/A                                 | <input type="checkbox"/> \$1,604.96 | N/A                                 | <input type="checkbox"/> \$2,461.04 |
|   | Retiree Under 65 + Child(ren) & Spouse Over 65 on Medicare w/High HMO No Rx | N/A                                 | <input type="checkbox"/> \$1,735.37 | N/A                                 | N/A                                 |
|   | Retiree Under 65 & Spouse Over 65 on Medicare w/High HMO                    | N/A                                 | <input type="checkbox"/> \$2,254.04 | N/A                                 | N/A                                 |

† Option also applies to Adult Children (AC) between 26 through 30 years of age, children of a Domestic Partner and/or eligible dependents. \*Jackson Standard HMO is a grandfathered-in plan and is only available to current participants.

## SECTION 4: RETIREE DENTAL

(Please mark one box only)

| <input type="checkbox"/> CANCEL DENTAL <input type="checkbox"/> NOT ENROLLED | MONTHLY RATES FOR:      | - Standard -                     |                                   | - Enriched -                     |                                   |
|--|-------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
|  |                         | Delta DHMO*                      | Delta PPO                         | Delta DHMO*                      | Delta PPO                         |
|  | Retiree Only            | <input type="checkbox"/> \$9.97  | <input type="checkbox"/> \$38.88  | <input type="checkbox"/> \$18.15 | <input type="checkbox"/> \$50.90  |
|  | Retiree & One Dependent | <input type="checkbox"/> \$16.48 | <input type="checkbox"/> \$76.92  | <input type="checkbox"/> \$30.07 | <input type="checkbox"/> \$100.63 |
|  | Retiree & Family        | <input type="checkbox"/> \$25.17 | <input type="checkbox"/> \$123.98 | <input type="checkbox"/> \$47.81 | <input type="checkbox"/> \$162.27 |

\*Delta DHMO Plans are not available outside Florida NOTE: Dental coverage is not provided to Adult Children (AC).

## SECTION 5: RETIREE VISION

(Please mark one box only)  CANCEL VISION  NOT ENROLLED

MONTHLY RATES FOR:

### BASE PLAN

### PREMIER PLAN

|  |                         |                                  |                                  |
|--|-------------------------|----------------------------------|----------------------------------|
| NOTE: Vision coverage is not provided to Adult Children (AC) | Retiree Only            | <input type="checkbox"/> \$4.14  | <input type="checkbox"/> \$9.95  |
|  | Retiree & One Dependent | <input type="checkbox"/> \$8.30  | <input type="checkbox"/> \$21.39 |
|  | Retiree & Family        | <input type="checkbox"/> \$15.23 | <input type="checkbox"/> \$41.29 |

## SECTION 6: RETIREE & DEPENDENT INFORMATION

| Relationship | M/F | Last Name/First Name | Social Security Number | ✓**                      | Coverage Desired |        |        |                 | Date of Birth<br>MM/DD/YYYY | Check One* |    |
|--------------|-----|----------------------|------------------------|--------------------------|------------------|--------|--------|-----------------|-----------------------------|------------|----|
|              |     |                      |                        |                          | Medical          | Dental | Vision | Constant Credit |                             | DP/CDP     | AC |
|              |     |                      |                        | <input type="checkbox"/> |                  |        |        |                 |                             |            |    |
|              |     |                      |                        | <input type="checkbox"/> |                  |        |        |                 |                             |            |    |
|              |     |                      |                        | <input type="checkbox"/> |                  |        |        |                 |                             |            |    |
|              |     |                      |                        | <input type="checkbox"/> |                  |        |        |                 |                             |            |    |

\* If enrolling a Domestic Partner, Child of a Domestic Partner or Adult Child(ren), please select the appropriate box. NOTE: You may only continue or cancel dependent coverage. You may not add new dependents.

\*\* Please check mark (✓) dependent who resides outside Miami-Dade, Broward, and Palm Beach.

## SECTION 7: LIFE INSURANCE AND VOLUNTARY PRODUCTS (Monthly Rates)

|  |  |  |
|--|--|--|
| <b>Life Insurance</b>                    | <input type="checkbox"/> Continue Life Insurance | <input type="checkbox"/> Cancel Life Insurance   |
| <b>ARAG Legal - UltimateAdvisor</b>      | <input type="checkbox"/> Retiree Only \$13.43    | <input type="checkbox"/> Retiree + Family \$17.73 <input type="checkbox"/> Cancel  |
| <b>ARAG Legal - UltimateAdvisor Plus</b> | <input type="checkbox"/> Retiree Only \$18.07    | <input type="checkbox"/> Retiree + Family \$23.84 <input type="checkbox"/> Cancel  |
| <b>Ocenture ConstantCredit</b>           | <input type="checkbox"/> Retiree Only \$11.50    | <input type="checkbox"/> Retiree + Spouse \$23.00 <input type="checkbox"/> Cancel  |
| <b>Ocenture ID Commander</b>             | <input type="checkbox"/> Retiree Only \$10.50    | <input type="checkbox"/> Retiree + Family \$22.50 <input type="checkbox"/> Cancel  |
| <b>Pet Assure</b>                        | <input type="checkbox"/> \$8.00                  | <b>PetPlus</b> <input type="checkbox"/> Single Pet \$4.50 <input type="checkbox"/> Multiple Pet \$8.50 <input type="checkbox"/> Cancel |
| <b>Pet Assure/PetPlus</b>                | <input type="checkbox"/> Single Pet \$12.50      | <input type="checkbox"/> Multiple Pet \$16.50  |

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. I understand and agree that JHS and FBMC Benefits Management, Inc. will be held harmless from any liability resulting from either my participation in any of the benefits herein or my failure to sign or accurately complete this enrollment form. F.S. Section 817.234 (1) (b)

|                   |      |
|-------------------|------|
| RETIREE SIGNATURE | DATE |
|-------------------|------|