Syracuse University
Human Resources

Opt In Retiree Medical Form

Return this form to:
HR Shared Services
hrservice@syr.edu
Phone 315.443.4042 Fax 315.443.1063
621 Skytop Road, Suite 1001, Syracuse, NY 13244

Purpose of this Form - This form allows retirees and dependents who have previously opted out of coverage under the Syracuse University Retiree Medical Benefits Plan, and if applicable, the Syracuse University Retiree Prescription Drug Plan, to opt back into coverage under the Plan(s) as long as they have satisfied the applicable Plan requirements. Information about who is eligible for the Opt Out/Opt In Coverage Options is described in the Plans, and is available by contacting the Office of Human Resources.

This form can be used by an eligible retiree and/or an eligible dependent to opt back into coverage under the Plan(s). You must complete the information about the Retiree in section 1, even if only a dependent is opting back in at this time. Please complete a separate form for each dependent who wishes to opt back into Plan coverage.

1. Information about the Retiree Who is Eligible to Participate in the Plan (REQUIRED):

Full Name: _____
(Last, First, Middle Initial)

Date of Birth: _____ SU ID Number: _____

Address: _____

Phone number: _____

Check whether retiree wishes to opt back into Plan coverage: ☐ Yes ☐ No

Effective date of retiree's opt in election (if applicable)*: _____

2. Information About the Dependent Who Wishes To Opt Back Into Plan Coverage (If Applicable):

Full Name: _____
(Last, First, Middle Initial)

Relationship to retiree: _____

Date of birth: _____ Social Security Number: _____

Phone number: _____

Address if different from retiree: _____

Effective date of dependent's opt in election*:

_____

***Effective Date of the Opt In Election:** The effective date can be no sooner than the first day of the month following receipt and approval of this form by the Office of Human Resources.

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3. **Timing Of An Opt In Election:** A retiree and/or dependent who has satisfied the Plan's requirements for opting back into Plan coverage ("Eligible Individual") may only opt in:
   - once per year during an open enrollment period for the Plan;
   - within 31 days following the date when the Eligible Individual experiences a qualifying event that results in him or her losing medical coverage and that satisfies such other requirements as are specified by the Office of Human Resources (he or she also will have to, among other things, provide written proof of the qualifying event in such form and manner as is specified by the Office of Human Resources); or
   - within 31 days following the date when the Eligible Individual becomes eligible for Medicare (he or she also will have to, among other things, provide written proof of eligibility for Medicare that is acceptable to the Office of Human Resources).

4. **Conditions For Opting Back In the Plan:** An Eligible Individual who has satisfied the eligibility requirements for the Opt Out/Opt In Coverage Option under the Plan and who wishes to later opt back into the Plan must satisfy the following requirements (as well as other requirements specified in the Plan and by the Office of Human Resources):
   - **Not Eligible for Medicare -** If the Eligible Individual is not eligible for Medicare on the date selected for opting back into coverage under the Plan, he or she can opt back into coverage under the Plan **only if, among other things, he or she can provide written proof of continuous medical coverage for the entire period that he or she was not covered by the Plan as a result of the opt out election** (such proof must be provided in such form and manner as is specified by the Office of Human Resources). There generally is no limit on the number of times an Eligible Individual can opt in under the Plan under this eligibility requirement.
   - **Eligible for Medicare -** If the Eligible Individual is eligible for Medicare on the date selected for opting back into coverage under the Plan and has not become ineligible for coverage under any other provision of the Plan, he or she may opt back in the Plan one time and proof of continuous medical coverage will not be required. An Eligible Individual still would have to provide certain other documentation (such as proof of coverage under Medicare Parts A and B).

5. **Certification:** The retiree described in number 1 above who is electing to opt into Plan coverage, and any dependent described in number 2 above, must sign and date the form below, and by such signing, is certifying that they understand the guidelines dictated by the Plans.

Retiree Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

HR Shared Service Review (Internal Use Only):

☐ Approved ☐ Denied If denied, reason(s) for denial: _____

HR Processed Date: _____

Effective Date of Opt In: _____