**DOSP Retirement Benefit Plan**

 **Enrollment Form**

Diocese of St. Petersburg reserves the right to amend or withdraw these plans and premiums at any time.

|  |  |  |
| --- | --- | --- |
| ***Plan Premiums as of July 1, 2018*** | **Plan A Premium Rate** | **Plan B Premium Rate** |
| **Adult with Medicare** | **457.00** | **409.00** |
| **Adult without Medicare** | **913.00** | **816.00** |
| **Child(ren)** | **498.00** | **452.00** |
|  |  |  |

|  |  |
| --- | --- |
| **Group Life Premium**  **(Selected at the time of Retirement)** | **15.00** |

|  |  |
| --- | --- |
| ***Please select a health plan*** | **Please Mark your plan selection (X)** |
| Retiree Benefits - Plan A |  |
| Retiree Benefits – Plan B |  |
| Yes, I want to enroll in the Retirement Group Life Insurance |  |
| **My total premium cost will be:** | $ |

\*Retired Participants must be receiving retirement benefits from the Diocesan Pension Plan to participate. **Participants Over the age of 65 who are currently enrolled in Medicare Plans A & B, must include a copy of their Medicare card showing enrollment dates in both plans to be eligible for the discounted rates.** Premiums are billed from the Retirement Services Office for the current month. Premiums are due by the 20th of the month. *Premiums that are sixty days past due are subject to cancelation*.

**Retiree Demographic Information:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**:\_\_\_\_\_\_\_\_\_ **Zip**:\_\_\_\_\_\_\_

**Phone** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email **Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse Demographic Information: Only needed if current active benefit coverage will continue.**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social** **Security** #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** **Of** **Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren) Demographic Information**: **Only needed if current active benefit coverage will continue.**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social** **Security** #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** **Of** **Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social** **Security** #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** **O**f **Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_