



RETIREE

Insurance Enrollment/Change Form 2022-2023 Plan Year

If you would like to make your elections online, you may log in between August 22 and September 14, 2022 to www.benefits.plansource.com Your user name is the first two letters of your first name, the first 5 letters of your last name (if you have 5 letters) and the last 4 digits of your SSN.

YOU MAY ONLY ELECT COVERAGE IN CATAGORIES IN WHICH YOU ALREADY HAVE COVERAGE FOR CURRENT PLAN YEAR – i.e.: IF YOU HAVE MEDICAL INSURANCE NOW, YOU MAY ELECT ANY MEDICAL INSURANCE PLAN – YOU MAY REMOVE DEPENDENTS BUT MAY NOT ADD DEPENDENTS.

RETIREE INFORMATION:				
Name:			SSN: / /	
Address:		(City)	(State)	(Zip)
Phone:		Alt Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Email:		
SPOUSE/DEPENDENTS				
Name:		DOB	SSN: / /	
Name:		DOB	SSN: / /	
Name:		DOB	SSN: / /	

HEALTH INSURANCE: BCBS TX

RATE BEFORE ANY DISCOUNTS

CHOOSE A PLAN:	CHOOSE WHO IS COVERED:	CHOICE	QUALITY	EDGE/HSA
<input type="checkbox"/> BLUE CHOICE PLAN	<input type="checkbox"/> RETIREE ONLY	\$1538.99	\$1407.28	\$1182.75
<input type="checkbox"/> BLUE QUALITY	<input type="checkbox"/> RETIREE AND SPOUSE	\$2500.09	\$2222.44	\$1775.13
<input type="checkbox"/> BLUE EDGE HSA	<input type="checkbox"/> RETIREE AND CHILD(REN)	\$2446.70	\$2177.06	\$1688.66
<input type="checkbox"/> DECLINE ALL	<input type="checkbox"/> RETIREE AND FAMILY	\$3432.72	\$3015.15	\$2251.67

DENTAL INSURANCE: METLIFE

RATE:

CHOOSE A PLAN:	CHOOSE WHO IS COVERED:	BASE	BUY UP	MAC
<input type="checkbox"/> STANDARD PPO	<input type="checkbox"/> RETIREE ONLY	\$36.09	\$44.19	\$26.20
<input type="checkbox"/> BUY UP PPO	<input type="checkbox"/> RETIREE AND SPOUSE	\$64.08	\$69.07	\$46.52
<input type="checkbox"/> MAC PLAN PPO THIS REPLACES THE DHMO	<input type="checkbox"/> RETIREE AND CHILDREN	\$73.21	\$81.46	\$53.14
<input type="checkbox"/> DECLINE ALL	<input type="checkbox"/> RETIREE AND FAMILY	\$113.74	\$145.59	\$82.56

VISION INSURANCE: DAVIS

RATE:

CHOOSE A PLAN:	CHOOSE WHO IS COVERED	STANDARD PLAN	BUY UP PLAN
<input type="checkbox"/> STANDARD PLAN	<input type="checkbox"/> RETIREE ONLY	\$4.67	\$9.21
<input type="checkbox"/> BUY UP PLAN	<input type="checkbox"/> RETIREE AND SPOUSE	\$7.18	\$13.80
<input type="checkbox"/> DECLINE ALL	<input type="checkbox"/> RETIREE AND CHILDREN	\$8.15	\$16.06
	<input type="checkbox"/> RETIREE AND FAMILY	\$11.65	\$22.97

LEGAL PLAN: METLIFE LEGAL

CHOOSE A PLAN:	COVERED:	RATE:
<input type="checkbox"/> METLIFE LEGAL PLAN	RETIREE/SPOUSE/CHILD DEP	\$16.30
<input type="checkbox"/> DECLINE ALL		



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RETIREE LIFE INSURANCE: THE STANDARD: \$15,000 POLICY

CHOOSE A PLAN:	COVERED:	RATE:
<input type="checkbox"/> RETIREE LIFE \$15,000 POLICY	RETIREE	\$2.55 MO / \$30.60 ANNUALLY
<input type="checkbox"/> DECLINE		

I have read this form and the other materials provided to me about my City of Irving benefits, and certify the information supplied is correct to the best of my knowledge. I hereby apply for coverage provided by the City's group benefit plans, and any licensed dentist, physician, hospital or other health care provider to furnish the plan administrator with dental or medical information about myself or my eligible dependents, as permitted by law. I accept the plan provisions, and understand I am responsible for any charges not covered by the plans, and that my coverage may be affected by failure to provide complete, accurate and timely information.

Retiree's Signature _____ Date _____

PRIMARY BENEFICIARIES: (Benefits will be shared among all primary beneficiaries)

Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State

SECONDARY BENEFICIARIES: (Optional)

Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State

Retiree's Signature _____ Date _____

The 2022 – 2023 Plan Year begins October 1, 2022 and ends on September 30, 2023

To continue your insurance benefits in the 2022-2023 plan year, these forms MUST be received in Human Resources NO LATER than 5 PM on September 16, 2022 at Irving City Hall.

Benefits/HR
825 W Irving Blvd
Irving, TX 75060

Please call 972-721-2696 with questions