



BENEFITS MANAGEMENT

RETURN FORMS TO:

FBMC RETIREE & DIRECT BILL - Attn: Mail Slot 32
PO Box 10789 Tallahassee, FL 32302-2789
FBMC Service Center 1-855-5MY-DCPS (1-855-569-3277)
Direct Bill Fax: 866-836-9943

2021 UNDER 65 RETIREE ENROLLMENT FORM
DUVAL COUNTY PUBLIC SCHOOLS

January 1, 2021 - December 31, 2021



PLEASE WRITE IN ALL CAPITAL LETTERS WITH A PEN.

1. RETIREE INFORMATION

Form fields for Retiree Information including Last Name, First Name, MI, SSN#, Home Address, City, State, ZIP, Birth Date, Gender, Marital Status, Home Phone, Retirement Date, Cell Phone, and Email Address.

2. INSTRUCTIONS

Retirees: This form is only required if you are making changes. Subject to your continued eligibility, your elections will continue in the following plan years unless you change them. Insurance, including Medical Insurance and/or Standard Life Insurance cannot be elected if you have previously canceled.

In the event you pass away while covering a dependent spouse and/or child(ren), coverage for the dependent(s) will terminate at the end of the month in which you pass away UNLESS the dependent is also a DCPS retiree.

3. MEDICAL BENEFITS - FOR RETIREE UNDER AGE 65

Table with columns for Florida Blue, DCPS No Deductible, DCPS Low Deductible, DCPS High Deductible, and Premium. Rows include Retiree Only, Retiree/Spouse, Retiree/Child(ren), Retiree/Family, Spouse Only*, and Child(ren) Only*.

Retiree is over age 65 and ineligible for Medicare (Verification from Social Security Administration must be provided)
*Spouse Only and Child(ren) Only rates are only available when the retiree has aged out of medical insurance.

Table for Health Savings Contribution and Tricare Supplemental Medical Rates. Includes options for Waive, Retiree Contribution, and various Tricare plans.

4. GROUP TERM LIFE INSURANCE

Table for Group Term Life Insurance with Standard Insurance Company and Retiree Only option.

5. FLEXIBLE BENEFITS

Indicate all benefit selections by entering the necessary information below. Dependent eligibility is limited to the same benefit categories and amounts selected by the Retiree.

Table for Dental Care with DeltaCare USA and Delta Dental options. Includes Florida Residents Only and Non-Florida Residents Only categories.

Please see reverse side for remaining Flexible Benefits selections and dependent information. Your signature is required on the back of this form in order to confirm your benefits.

VISION CARE					PREMIUM
Davis Vision	Retiree Only	<input type="checkbox"/> \$5.66		<input type="checkbox"/> CANCEL	\$ _____
	Retiree + 1	<input type="checkbox"/> \$12.16			
	Retiree + Family	<input type="checkbox"/> \$17.23			
HEARING CARE					PREMIUM
Ameritas - SoundCare®	Retiree Only	<input type="checkbox"/> \$8.00		<input type="checkbox"/> CANCEL	\$ _____
	Retiree + Spouse	<input type="checkbox"/> \$16.00			
	Retiree + Child(ren)	<input type="checkbox"/> \$12.00			
	Retiree + Family	<input type="checkbox"/> \$20.00			
IDENTITY THEFT PROTECTION					PREMIUM
ID Commander	Premium Plan	<input type="checkbox"/> Retiree Only \$7.00	<input type="checkbox"/> Retiree + Family \$15.00	<input type="checkbox"/> CANCEL	\$ _____
	Ultimate Plan	<input type="checkbox"/> Retiree Only \$10.50	<input type="checkbox"/> Retiree + Family \$22.50		
IT TECHNOLOGY SUPPORT					PREMIUM
IT Please	Unlimited Support Plan		<input type="checkbox"/> Retiree Only \$10.00	<input type="checkbox"/> CANCEL	\$ _____
	Unlimited Plus Support Plan		<input type="checkbox"/> Retiree Only \$14.00		
PET Rx					PREMIUM
PetPlus	<input type="checkbox"/> Single Pet \$4.50		<input type="checkbox"/> Multiple Pets \$8.50	<input type="checkbox"/> CANCEL	\$ _____
TOTAL					\$ _____

If you have an existing policy with Allstate, Unum, Aflac, or Trustmark and wish to change or cancel coverage, you must contact the providers directly. See the Retiree Reference Guide for contact information. Current premiums for voluntary benefits reflected on Current Benefits statement will continue until notification of a change from the Provider Company.

6. DEPENDENT INFORMATION					MEDICAL	DENTAL	DENTAL FACILITY#	VISION	HEARING
DEPENDENT NAME (PRINT CLEARLY)	RELATION	DATE OF BIRTH MM/DD/YY	SOCIAL SECURITY #						

7. SIGNATURE

I UNDERSTAND THAT I CANNOT CHANGE MY ELECTIONS UNDER THIS AGREEMENT DURING THE PLAN YEAR UNLESS THERE IS A PERMITTED MID-PLAN YEAR ELECTION CHANGE EVENT AS DEFINED IN THE RETIREE BENEFITS REFERENCE GUIDE. I UNDERSTAND AND AGREE THAT DCPS, THE UNION, 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.

STATE LAWS REQUIRE AGENCIES THAT ARE REQUIRED TO COLLECT SOCIAL SECURITY NUMBERS (SSN) TO DISCLOSE THE PURPOSE FOR COLLECTING THE SSN. DUVAL COUNTY PUBLIC SCHOOLS IS ALLOWED TO COLLECT SSN'S WHEN SPECIALLY AUTHORIZED BY LAW TO DO SO, OR WHEN THE COLLECTION IS IMPERATIVE FOR THE PERFORMANCE OF THE DISTRICT'S DUTIES AND RESPONSIBILITIES. PURSUANT TO FEDERAL AND STATE LAWS, THE DISTRICT IS COLLECTING YOUR SOCIAL SECURITY NUMBER FOR THE PURPOSE OF PROCESSING RETIREE AND DEPENDENT BENEFITS; THIS COLLECTION IS MANDATORY. IF YOU DO NOT PROVIDE US YOUR SSN, DCPS CANNOT PROCESS YOUR APPLICATION/REQUEST. DUVAL COUNTY PUBLIC SCHOOLS WILL NOT DISCLOSE YOUR SSN TO ANYONE OUTSIDE OF THE DISTRICT EXCEPT AS AUTHORIZED BY LAW.

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. SECTION 817.234(1)(b), FLORIDA STATUTES.

RETIREE PARTICIPANT SIGNATURE	DATE SIGNED