

## Open Enrollment & Benefits Changes for 2026

Dear Retiree,

Please read this entire notice as it includes important information about your Northwestern benefits. Northwestern's Open Enrollment will run from Monday, October 27, 2025, through Friday, November 14, 2025.

### Summary of Important Changes

- **The current Legacy medical, dental, and vision plans for Retirees aged 65 or older will end on December 31, 2025.** Retirees in this group will need to find coverage for medical, dental, and/or vision since the Legacy plans will no longer be available. One option is the Northwestern Group Medicare Advantage plan through UnitedHealthcare, which provides coverage for medical, prescription drug, dental, and vision coverage all in one plan. You'll find more information about other options in this letter.
- **Retirees under age 65 currently covered under the Legacy Plans will automatically continue coverage in 2026 under Northwestern's new medical, dental, and prescription drug providers as well as continue vision coverage.** More information is provided in this letter.
- **NOTE:** If the retiree carrying Legacy Retiree coverage is age 65 or older, coverage will end on 12/31/2025 for all those enrolled. If a covered spouse is under age 65, they may enroll in pre-65 coverage for themselves and currently covered eligible dependents during the Open Enrollment period (10/27/25 - 11/14/25).

### Details for Retirees Aged 65 or Older

As noted above, the current Legacy medical, dental, and vision plans will end for anyone who is age 65 or older starting January 1, 2026. If you or your covered spouse is or will be 65 or older before January 1, 2026, your Legacy coverage will end on December 31, 2025.

#### Your Options and Next Steps

Medicare-eligible retirees, Medicare-eligible spouses, and Medicare-eligible dependents may join the Group Medicare Advantage plan through UnitedHealthcare during Open Enrollment. The Medicare Advantage plan offers coverage for medical, prescription drug, dental, and vision coverage for a monthly premium of \$525. To enroll or learn more about the plan, contact UnitedHealthcare at 844-481-8822.

Retirees who do not elect the Group Medicare Advantage plan or would like to explore other Medicare supplemental, Medicare Advantage, or standalone dental and vision plans offered outside of Northwestern may contact Via Benefits. Via Benefits provides personalized advice and enrollment assistance. Please be aware that Via Benefits cannot compare Northwestern's plans to the plans they offer. Retirees can go online at [www.viabenefits.education](http://www.viabenefits.education) to review plans and call 833-995-1383 if they have questions or when they are ready to enroll.

If you are currently covering a spouse who is under 65, your spouse may participate in the pre-65 retiree plans until they turn 65, but they must enroll separately during Open Enrollment. Dependent children who are currently covered may continue coverage as long as one parent is covered on the pre-65 retiree plan.

**NOTE:** If the retiree carrying Legacy Retiree coverage is age 65 or older, coverage will end for all those enrolled. If a covered spouse is under age 65, they may enroll in pre-65 coverage for themselves and currently covered eligible dependents during Open Enrollment by completing the enclosed form and returning it to Northwestern by November 14, 2025.

## **Details for Retirees Under Age 65**

Northwestern will continue to offer pre-65 retiree medical, dental, and vision coverage to help bridge individuals from retirement to Medicare eligibility. Starting January 1, 2026, Northwestern will be changing its insurance providers for pre-65 medical and dental insurance as well as the prescription drug plan. In 2026, the medical plans will be administered by UnitedHealthcare (UHC), the PPO dental plan will be administered by Delta Dental of Illinois (Delta), and the prescription drug plan will be administered by CVS Caremark (CVS).

### Your Options and Next Steps

Plan details and premiums for 2026 are included in this packet. Retirees under age 65, their pre-65 spouse/partner, and eligible dependents currently covered under the Legacy Plans will automatically continue coverage in 2026 under Northwestern's new medical, dental and prescription plan administrators; as well as vision through BCBSIL. Those enrolled in the Legacy Retiree PPO will be enrolled in the new PPO plan and those enrolled in the Legacy Retiree HMO will be enrolled in the new HMO plan. Pre-65 retirees will also have access to two high deductible health plans. You may change plans during Open Enrollment by completing and returning the enclosed form by the end of Open Enrollment. If you do not want to continue with coverage in 2026, you must waive coverage during Open Enrollment, which will run from Monday, October 27, 2025, through Friday, November 14, 2025.

**NOTE:** If the retiree carrying Legacy Retiree coverage is age 65 or older, coverage will end for all those enrolled. If a covered spouse is under age 65, they may enroll in pre-65 coverage for themselves and currently covered eligible dependents during Open Enrollment using the enclosed form.

## Pre-65 Plan Resources

- Verify your current provider(s) are in-network at <https://hr.northwestern.edu/benefits/eligibility-changes/open-enrollment/unitedhealthcare-network-finder.html>
- Learn how your prescription(s) will be covered at <https://hr.northwestern.edu/benefits/health-insurance/health-plans/prescription-drug-benefits/>
- Visit UHC's overview website, which includes an out-of-network nominating tool, at <https://www.whyuhc.com/northwesternuniversity>
- Read the online FAQs at <https://hr.northwestern.edu/benefits/eligibility-changes/open-enrollment/open-enrollment-faqs.html>
- Review the Tobacco Surcharge information and attestation [pre-65 retiree plans only] at <https://hr.northwestern.edu/benefits/health-insurance/health-plans/tobacco-surcharge-program/>

## Reminders

- The current Legacy medical, dental and vision plans for Retirees aged 65 or older will end on December 31, 2025. Retirees in this group will need to find coverage for medical, dental, and/or vision.
- If the retiree carrying Legacy Retiree coverage is age 65 or older, coverage will end on December 31, 2025 for all those enrolled. If a covered spouse is under age 65, they may enroll in pre-65 coverage for themselves and currently covered eligible dependents during Open Enrollment by using the enclosed form.
- For pre-65 coverage, if you want to switch plans, waive coverage, or if a pre-65 spouse needs to pick-up coverage, the enclosed form must be received in the Benefits Office by **November 14, 2025**. Changes take effect on January 1, 2026. Directions on where to submit are on the form.

## Questions?

- For questions about changes to the Legacy Medical, Dental, or Vision plans, contact Northwestern at [askHR@northwestern.edu](mailto:askHR@northwestern.edu) or by calling 847-491-4700.
- For questions about Medicare, including eligibility, enrollment, and coverage, visit [www.medicare.gov](http://www.medicare.gov) or call 800-MEDICARE (1-800-633-4227).
- For questions about Northwestern's Group Medicare Advantage plan, contact UHC at 844-481-8822.
- For questions about plans offered outside Northwestern, visit Via Benefits website at [www.viabenefits.education](http://www.viabenefits.education) or call 833-995-1383.

## Northwestern University Pre-65 Retiree Plan Comparison 2026

To view Summary of Benefits Coverage (SBC) visit <https://hr.northwestern.edu/benefits/retirement/prepare/retiree-benefits/> or contact askHR at 847-491-4700 or [askHR@northwestern.edu](mailto:askHR@northwestern.edu) to request a hard copy.

| 2026 Pre-65 Medical Plans                    |                                                               |                                  |                               |                            |
|----------------------------------------------|---------------------------------------------------------------|----------------------------------|-------------------------------|----------------------------|
| Plan Features                                | PPO <sup>1, 2</sup>                                           | HDHP Plus <sup>2,3</sup>         | HDHP Essential <sup>2,3</sup> | HMO <sup>1</sup>           |
| In-Network Providers                         |                                                               |                                  |                               |                            |
| Deductible<br>(Individual/Family)            | \$750/\$1,500                                                 | \$2,000/\$4,000                  | \$4,000/\$8,000               | Not applicable             |
| Coinsurance                                  | 20%                                                           | 20%                              |                               |                            |
| Out-of-Pocket Maximum<br>(Individual/Family) | \$3,000/\$6,000                                               | \$4,000/\$8,000                  | \$7,000/\$14,000              | \$1,500/\$3,000            |
| Office Visit                                 | \$40 Primary Care Physician/\$55 specialist                   | 20% Coinsurance after Deductible |                               | \$25 PCP/\$35 specialist   |
| ER                                           | \$150 (waived if admitted) + 20% Coinsurance after Deductible |                                  |                               | \$150 (waived if admitted) |
| Out-of-Network Providers                     |                                                               |                                  |                               |                            |
| Deductible<br>(Individual/Family)            | \$1,500/\$3,000                                               | \$4,000/\$8,000                  | \$8,000/\$16,000              | Not applicable             |
| Coinsurance                                  | 40%                                                           | 40%                              |                               |                            |
| Out-of-Pocket Maximum<br>(Individual/Family) | \$6,000/ \$12,000                                             | \$8,000/\$16,000                 | \$14,000/\$28,000             |                            |
| Office Visit                                 | 40% Coinsurance after Deductible                              |                                  |                               |                            |
| ER                                           | \$150 (waived if admitted) + 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |                               | \$150 (waived if admitted) |

<sup>1</sup> Copays apply toward out-of-pocket maximums.

<sup>2</sup> The in- and out-of-network deductibles and out-of-pocket maximums are tracked separately.

<sup>3</sup> For participants who choose You + Spouse, You + Child(ren), or You + Spouse + Child(ren) coverage, family deductible and out-of-pocket rates may apply.

| 2026 Pre-65 Prescription Drug Coverage              |                  |                               |                               |                  |
|-----------------------------------------------------|------------------|-------------------------------|-------------------------------|------------------|
| Plan Features                                       | PPO <sup>1</sup> | HDHP Plus <sup>2</sup>        | HDHP Essential <sup>2</sup>   | HMO <sup>1</sup> |
| <b>Out-of-Pocket Maximum</b><br>(Individual/Family) | \$1,500/\$3,000  | \$4,000/\$8,000               | \$7,000/\$14,000              | \$1,500/\$10,200 |
| <b>Prescription Drugs</b><br>(Retail/Mail Order)    | Copay:           | Coinsurance after deductible: | Coinsurance after deductible: | Copay:           |
| Generic                                             | \$10 /\$20       | 20%/20%                       | 20%/20%                       | \$10/\$20        |
| Formulary                                           | \$50/\$100       | 20%/20%                       | 20%/20%                       | \$30/\$60        |
| Non-Formulary                                       | \$75/\$150       | 20%/20%                       | 20%/20%                       | \$60/\$120       |
| Specialty                                           | \$100/\$200      | 20%/20%                       | 20%/20%                       | \$90/\$180       |

<sup>1</sup> Out-of-pocket maximums for medical and Rx are tracked separately. Rx copays apply toward out-of-pocket maximums.

<sup>2</sup> Out-of-pocket maximums for medical and Rx are combined.

### ***Applies to all Medical Plans***

- Generics preferred: Additional charges apply to brand-name if generics are available, even when *Dispense as Written* box is checked.
- CVS Retail 90 Network: Certain long-term medications require a 90-day supply and can be filled at Walgreens, CVS, and CVS Mail Order only.
- Specialty drugs typically must be filled through a CVS Specialty pharmacy, even if administered at your doctor's office or an infusion center.

### ***Applies to PPO and HMO Only***

- PrudentRx: If your specialty medication is noted on the PrudentRx Drug List, you **must** participate in the PrudentRx program. Under the program you will receive your medications free of charge (\$0).

### **Resources**

- To verify if your medication is covered under the plan, you may contact CVS Caremark directly at **833-844-5348**.
- Verify how your prescription(s) will be covered and learn more about these programs at <https://hr.northwestern.edu/benefits/health-insurance/health-plans/prescription-drug-benefits/>

| Pre-65 Dental           |                                   |                                  |                                |                |
|-------------------------|-----------------------------------|----------------------------------|--------------------------------|----------------|
|                         | Pre-65 Retiree PPO (Delta Dental) |                                  | Pre-65 Retiree DHMO (Guardian) |                |
| Common Dental Event     | In-Network                        | Out-of-Network                   | In-Network                     | Out-of-Network |
| Deductible              | \$50 individual/<br>\$150 family  | \$50 individual/<br>\$150 family | \$0                            | Not Applicable |
| Preventive & Diagnostic | 100%                              | 100%                             | 100%                           |                |
| Minor Dental Services   | 80%                               | 80%                              | Based on schedule of copays    |                |
| Major Dental Services   | 50%                               | 50%                              |                                |                |
| Annual Calendar Maximum | \$3,000                           | \$3,000                          |                                |                |

| Pre-65 Vision                      |                              |                              |
|------------------------------------|------------------------------|------------------------------|
| Pre-65 Retiree PPO (BCBSIL/EyeMed) |                              |                              |
| Common Vision Event                | In-Network                   | Out-of-Network               |
| Eye Exam                           | \$10                         | Up to \$40 Reimbursement     |
| Frames                             | \$75 copay + (80% of charge) | \$75 copay + (80% of charge) |
| Contacts                           | \$200 Allowance              | \$200 Allowance              |

## Via Benefits – Plans Available Outside Northwestern

Northwestern University provides personalized navigation support to retirees who wish to enroll in a medical, dental, and/or vision plan on the individual market. This service is available to retirees and their dependents who are both eligible for Medicare and those under age 65. With the assistance and expertise of a licensed benefit advisor, retirees will be able to select coverage that fits their medical needs, budget, and lifestyle. This navigation support is being offered at no cost to retirees.

Northwestern has partnered with Via Benefits – an organization that provides retirees with personalized advice and enrollment assistance – and explains steps retirees must take to select coverage and complete their enrollment.

Via Benefits will only assist with shopping for plans outside of Northwestern's offerings. They cannot compare Northwestern's Medicare Advantage Plans or Pre-65 Retiree plans to their offerings. Additionally, Via Benefits does not have access to your current benefit enrollment information or benefit usage. You will need to share any pertinent information with them directly.

Retirees can go online at [www.viabenefits.education](http://www.viabenefits.education). This website contains educational materials on Medicare and information on different medical and drug plan options. When retirees are ready, they can call **833-995-1383** to speak with a Via Benefits advisor who will be available to answer their questions and offer objective guidance. The advisor will work with retirees, one-on-one, to review the plans available in their geographic area and help them choose and enroll in a plan that fits their individual needs.

## Group Medicare Advantage Plan

The Group Medicare Advantage Plan (MA), also known as “Part C” and administered by UnitedHealthcare, covers health care, dental care, eyeglasses and contacts, as well as emergency and urgently needed services worldwide. For a monthly premium of \$525 in 2026, you receive UnitedHealthcare Medicare Advantage health, dental, and vision coverage.

Retirees must be enrolled in Medicare Parts A & B to enroll in the group Medicare Advantage Plan.

MA plans work alongside Medicare to provide retiring faculty and staff with coverage for doctors visits, clinics, and hospitals—all in one plan. They also include prescription drug coverage, don't require referrals to see specialists, offer one customer service number, and much more all with a single insurance card. The MA group plan has a broad range of providers in the network, and the benefits are identical whether one sees a doctor in or out of network. Search providers at [www.uhcretiree.com](http://www.uhcretiree.com).

The benefits guide for the Medicare Advantage plan can be found:

<https://hr.northwestern.edu/benefits/retirement/prepare/retiree-benefits/post-65.html>

Contact United Healthcare at **844-481-8822** to find out more about this plan or to enroll.

## 2026 Retiree Rates

### Post-65 Retirees

| Post-65 Medicare Advantage Monthly Premiums                          |       |
|----------------------------------------------------------------------|-------|
| Plans are individual for each enrollee.                              |       |
| Premium includes medical, prescription, dental, and vision coverage. |       |
| Post-65 Medicare Advantage (UHC)<br><i>Per Person</i>                | \$525 |

### Pre-65 Retirees

| Pre-65 Medical Monthly Premiums           |          |              |                  |                           |
|-------------------------------------------|----------|--------------|------------------|---------------------------|
| Coverage                                  | You Only | You + Spouse | You + Child(ren) | You + Spouse + Child(ren) |
| Pre-65 Retiree PPO (UHC)                  | \$1,009  | \$2,209      | \$1,876          | \$3,320                   |
| Pre-65 Retiree HDHP Plus (UHC)            | \$898    | \$1,965      | \$1,669          | \$2,953                   |
| Pre-65 Retiree HDHP Essential (UHC)       | \$804    | \$1,760      | \$1,495          | \$2,646                   |
| Pre-65 Retiree HMO (UHC)                  | \$803    | \$1,753      | \$1,512          | \$2,646                   |
| Pre-65 Dental Monthly Premiums            |          |              |                  |                           |
| Coverage                                  | You Only | You + Spouse | You + Child(ren) | You + Spouse + Child(ren) |
| Pre-65 Retiree Dental PPO (Delta)         | \$77     | \$166        | \$187            | \$265                     |
| Pre-65 Retiree Dental HMO (Guardian)      | \$14     | \$27         | \$28             | \$42                      |
| Pre-65 Vision Monthly Premiums            |          |              |                  |                           |
| Coverage                                  | You Only | You + Spouse | You + Child(ren) | You + Spouse + Child(ren) |
| Pre-65 Retiree Vision PPO (BCBSIL/EyeMed) | \$10     | \$20         | \$23             | \$28                      |



## **Important Notice from Northwestern University About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Northwestern University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Northwestern University has determined that the prescription drug coverage offered by the **Northwestern University medical plan** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Northwestern University coverage **will** be affected. If you do decide to join a Medicare drug plan and drop your Northwestern University prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back. By enrolling in a Medicare drug plan, you will lose your eligibility to participate in the Northwestern University Medical plan, including prescription drug coverage.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Northwestern University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Northwestern University changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

|                           |                                      |
|---------------------------|--------------------------------------|
| Date:                     | September 25, 2025                   |
| Name of Entity/Sender:    | Northwestern University              |
| Contact--Position/Office: | Human Resources                      |
| Address:                  | 1800 Sherman Ave, Evanston, IL 60208 |
| Phone Number:             | 847-491-4700                         |

# 2026 Pre-65 Retiree Election Form

Submit completed form to:  
[askhr@northwestern.edu](mailto:askhr@northwestern.edu) or  
Northwestern Benefits Office  
1800 Sherman Ave  
Evanston, IL 60201

## 1. INSTRUCTIONS

A new pre-65 retiree has thirty-one days from their retirement date to enroll in the pre-65 retiree health, dental and/or vision plans. You may only elect coverage for the same plan you had at retirement. You will not be given the choice to pick up coverage in the future. You can drop your coverage at any time during a plan year. You may only use Northwestern University's Open Enrollment period to switch between the medical and/or dental plan providers. You may not use Open Enrollment to add coverage or add dependents. Coverage is effective the first of the month following when your active coverage terminates. Surviving spouses have thirty-one days to elect coverage if they are covered by a recently deceased retiree. Coverage ends at the end of the month in which you turn 65.

## 2. PERSONAL INFORMATION

|                                                                                                                                |                    |       |                                                              |                   |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|--------------------------------------------------------------|-------------------|
| Employee ID:<br>(On your NU Wildcard)                                                                                          |                    |       | Social Security Number:<br>(If no Wildcard number available) |                   |
| Last Name:                                                                                                                     | First Name:        | M.I.  | Male<br>Female<br>Other                                      | Retiree<br>Spouse |
| If a retiree's spouse is electing to continue pre-65 retiree coverage without the retiree, please include retiree's name here: |                    |       |                                                              |                   |
| Home Street Address:                                                                                                           |                    | Apt # | City:                                                        | State: Zip:       |
| Date of Birth:                                                                                                                 | Cell Phone Number: |       | Personal Email:                                              |                   |

## 3. NORTHWESTERN PRE-65 RETIREE ELECTIONS

|                                                                   |                                                                                                                                                |                                                                  |                                              |                                                                  |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|
| <b>Medical Coverage:</b><br><br>Change/Enroll<br>Drop<br>Continue | <b>Choose Medical Plan:</b><br>PPO      HDHP Plus<br>HMO      HDHP Essential<br><br><b>Tobacco Use:</b><br>Yes – Tobacco User<br>No – Non-User | <b>Dental Coverage:</b><br><br>Change/Enroll<br>Drop<br>Continue | <b>Choose Dental Plan:</b><br><br>PPO<br>HMO | <b>Vision Coverage:</b><br><br>Change/Enroll<br>Drop<br>Continue |
| Retiree Coverage Start/Change Date:                               |                                                                                                                                                |                                                                  | Date of Retirement:                          |                                                                  |

## 4. ADD/DROP DEPENDENTS

|                                                         |                                                        |                |                                                        |                         |
|---------------------------------------------------------|--------------------------------------------------------|----------------|--------------------------------------------------------|-------------------------|
| Last Name, First Name, M.I.                             | Male<br>Female<br>Other                                | Date of Birth: | Spouse/Partner<br>Child                                | Social Security Number: |
| <b>Medical Coverage:</b><br>Enroll    Waive    Continue | <b>Dental Coverage:</b><br>Enroll    Waive    Continue |                | <b>Vision Coverage:</b><br>Enroll    Waive    Continue |                         |

|                                                         |                                                        |                |                                                        |                         |
|---------------------------------------------------------|--------------------------------------------------------|----------------|--------------------------------------------------------|-------------------------|
| Last Name, First Name, M.I.                             | Male<br>Female<br>Other                                | Date of Birth: | Spouse/Partner<br>Child                                | Social Security Number: |
| <b>Medical Coverage:</b><br>Enroll    Waive    Continue | <b>Dental Coverage:</b><br>Enroll    Waive    Continue |                | <b>Vision Coverage:</b><br>Enroll    Waive    Continue |                         |

## 5. AUTHORIZATION

(1) I elect coverage under the above-selected Health Plan on behalf of myself and the above-listed dependents. (2) I certify that the above information is correct to the best of my knowledge and belief. (3) I hereby authorize any licensed physician, hospital, clinic, government agency or other health or medically-related facility, insurance company, organization or institution that has any records or knowledge of my health or the health of any member of my family to exchange such information with the above-selected health care provider—including, without limitations, information relating to mental illness or use of drugs or alcohol. I understand that the information will be used for the purpose of review, investigation, or evaluation of coverage claims for health insurance benefits provided to me and/or any of my dependents. (4) I agree to abide by the terms and conditions of the Plan Document and Certificates of Insurance. This authorization is valid for the term of coverage of the contract under which this Health Plan enrollment is effective. I am aware of my right to receive a copy of the authorization upon request and agree that a photographic copy of this authorization is as valid as the original.

Signature

Date