



2025 NEW RETIREE ENROLLMENT FORM

JHS BENEFIT SELECTION FORM FOR RETIREES 65 & OVER

AND/OR MEDICARE ELIGIBLE

Email: JHSretiree@FBMC.com or Fax: 305-355-2324

SECTION 1: RETIREE INFORMATION						PLEASE WRITE IN ALL CAPITAL LETTERS													
LAST NAME				FIRST NAME		MI	SS#												
ADDRESS [STREET, CITY, STATE]																ZIP			
EMAIL ADDRESS												HOME PHONE							
BIRTH DATE				<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED	EFFECTIVE DATE (MM/DD/YYYY)						CELLPHONE							
				<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE														

SECTION 2: INSTRUCTIONS NEW RETIREES: You may continue, decrease, or cancel coverage. You may not increase coverage. Unless HIPAA special enrollment rights apply, you may not increase or add coverage. Your selection will be effective the day after your Active Group Coverage ends (end of the pay period in which you retire). Please note that all cancellations are IRREVOCABLE. Please remember to complete the Dependent Information section if you have coverage that includes dependents.

SECTION 3: RETIREE MEDICAL (Please mark one box only) CANCEL MEDICAL I REVIEWED ALL SUPPLEMENTAL PLAN OPTIONS. NOTE: IN ELECTING THE SUPPLEMENTAL PLAN FOR MYSELF AND ELIGIBLE DEPENDENT, I UNDERSTAND THAT ENROLLMENT IN PART B AND PART D IS REQUIRED.

DEPENDENT COVERAGE ONLY	MEDICAL		
	JACKSON FIRST HMO PLAN	JACKSON SELECT HMO PLAN	JACKSON POS PLAN
MONTHLY RATES FOR RETIREE 65 & OVER WITH NON-JHS MEDICAL PLAN:			
Spouse/DP Under 65 [†]	<input type="checkbox"/> \$883.95	<input type="checkbox"/> \$931.41	<input type="checkbox"/> \$1,903.05
Child(ren) [†]	<input type="checkbox"/> \$759.41	<input type="checkbox"/> \$800.23	<input type="checkbox"/> \$1,420.59
Spouse/DP Under 65 [†] and Child(ren) [†]	<input type="checkbox"/> \$1,254.60	<input type="checkbox"/> \$1,322.03	<input type="checkbox"/> \$3,093.63

[†] Option also applies to Adult Children (AC) between 26 through 30 years of age, children of a Domestic Partner and/or eligible dependents. *Jackson Standard HMO is a grandfathered-in plan and is only available to current participants.

SECTION 4: RETIREE DENTAL (Please mark one box only) CANCEL DENTAL NOT ENROLLED * Delta DHMO plans are not available outside of Florida.

MONTHLY RATES FOR:	- STANDARD -		- ENRICHED -	
	DELTA DHMO*	DELTA PPO	DELTA DHMO*	DELTA PPO
Retiree Only	<input type="checkbox"/> \$9.97	<input type="checkbox"/> \$38.88	<input type="checkbox"/> \$18.15	<input type="checkbox"/> \$50.90
Retiree & One Dependent	<input type="checkbox"/> \$16.48	<input type="checkbox"/> \$76.92	<input type="checkbox"/> \$30.07	<input type="checkbox"/> \$100.63
Retiree & Family	<input type="checkbox"/> \$25.17	<input type="checkbox"/> \$123.98	<input type="checkbox"/> \$47.81	<input type="checkbox"/> \$162.27

SECTION 5: RETIREE VISION (Please mark one box only) <input type="checkbox"/> CANCEL VISION <input type="checkbox"/> NOT ENROLLED NOTE: VISION COVERAGE IS NOT PROVIDED TO ADULT CHILDREN (AC).	Monthly rates for:	BASE PLAN	PREMIER PLAN
		Retiree Only	<input type="checkbox"/> \$4.14
	Retiree & One Dependent	<input type="checkbox"/> \$8.30	<input type="checkbox"/> \$21.39
	Retiree & Family	<input type="checkbox"/> \$15.23	<input type="checkbox"/> \$41.29

SECTION 6: RETIREE & DEPENDENT INFORMATION

Relationship	M/F	Last Name/First Name	Social Security Number	✓**	Coverage Desired				Date of Birth MM/DD/YY	Check One*	
					Medical	Dental	Vision	Constant Credit		DP/CDP	AC
				<input type="checkbox"/>							
				<input type="checkbox"/>							
				<input type="checkbox"/>							
				<input type="checkbox"/>							

* If enrolling a Domestic Partner, Child of a Domestic Partner or Adult Child(ren), please select the appropriate box. NOTE: You may only continue or cancel dependent coverage. You may not add new dependents.
** Please check mark (✓) dependent who resides outside Miami-Dade, Broward, and Palm Beach.

SECTION 7: LIFE INSURANCE AND VOLUNTARY BENEFITS (Monthly Rates)

ARAG Legal - UltimateAdvisor	<input type="checkbox"/> Retiree Only \$13.43	<input type="checkbox"/> Retiree + Family \$17.73	<input type="checkbox"/> Cancel
ARAG Legal - UltimateAdvisor Plus	<input type="checkbox"/> Retiree Only \$18.07	<input type="checkbox"/> Retiree + Family \$23.84	<input type="checkbox"/> Cancel
Ocature ID Commander	<input type="checkbox"/> Retiree Only \$10.50	<input type="checkbox"/> Retiree + Family \$22.50	<input type="checkbox"/> Cancel
Ocature ConstantCredit	<input type="checkbox"/> Retiree Only \$11.50	<input type="checkbox"/> Retiree + Spouse* \$23.00	<input type="checkbox"/> Cancel *Please provide dependent information in Section two if electing dependent coverage.
Pet Assure <input type="checkbox"/> \$8.00	PetPlus <input type="checkbox"/> Single Pet \$4.50 <input type="checkbox"/> Multiple Pet \$8.50	Pet Assure/PetPlus <input type="checkbox"/> Single Pet \$12.50 <input type="checkbox"/> Multiple Pet \$16.50	<input type="checkbox"/> Cancel
Life Insurance	<input type="checkbox"/> Continue LIFE INSURANCE	Life Insurance Benefit/Rates:	AGE 65-69
	<input type="checkbox"/> Decrease coverage to \$15,000	<input type="checkbox"/> \$15,000.00	\$8.55
	<input type="checkbox"/> Cancel LIFE INSURANCE	<input type="checkbox"/> \$20,000.00	\$11.40
			AGE 70-74
			\$14.10
			AGE 75+
			\$19.50
			\$26.00

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. I understand and agree that JHS 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. F.S. Section 817.234 (1) (b) Disclaimer: FBMC Benefits Management, Inc. is not responsible if this form is filled out incorrectly.

RETIREE SIGNATURE	DATE
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