



FBMC Benefits Management, Inc. • PO Box 10789 • Attn: Mail Slot 32 • Tallahassee, FL 32302  
Service Center: 855-56JHS4U (855-565-4748) Direct Bill Fax: 866-836-9943

# 2026 NEW RETIREE ENROLLMENT FORM

JHS SELECTION FORM FOR RETIREES UNDER 65 & NOT MEDICARE ELIGIBLE

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"/> FEMALE		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		CELLPHONE								EFFECTIVE DATE (MM/DD/YYYY)								

**SECTION 2: INSTRUCTIONS** RETIREES: You may only continue, decrease, or cancel coverage. You may not increase coverage. Unless HIPAA special enrollment rights apply, you may not increase or add coverage. Elections will continue in the following plan years unless you change them. Your selection will be effective Jan. 1, 2026. Please note that all cancellations are IRREVOCABLE. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you do not participate in Open Enrollment, your current medical coverage and those of your dependents will continue for the 2026 plan year. Jackson Standard HMO is a grandfathered plan and is only available to current participants.

SECTION 3: RETIREE MEDICAL				MEDICAL RATES				
(Please mark one box only)				JACKSON FIRST HMO	JACKSON SELECT HMO PLAN	JACKSON STANDARD HMO PLAN*	JACKSON POS PLAN	
<input type="checkbox"/> CANCEL MEDICAL <input type="checkbox"/> NOT ENROLLED   MONTHLY RATES FOR:								
Retiree Only				<input type="checkbox"/> \$824.48	<input type="checkbox"/> \$868.80	<input type="checkbox"/> \$1,060.17	<input type="checkbox"/> \$1,950.63	
Retiree & Spouse/DP Under 65				<input type="checkbox"/> \$1,730.54	<input type="checkbox"/> \$1,823.50	<input type="checkbox"/> \$2,394.38	<input type="checkbox"/> \$3,713.58	
Retiree & Child(ren)†				<input type="checkbox"/> \$1,602.87	<input type="checkbox"/> \$1,689.04	<input type="checkbox"/> \$2,200.77	<input type="checkbox"/> \$3,403.34	
Retiree & Spouse/DP Under 65, plus Child(ren)†				<input type="checkbox"/> \$2,110.45	<input type="checkbox"/> \$2,223.88	<input type="checkbox"/> \$2,964.78	<input type="checkbox"/> \$5,040.72	
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO No Rx				N/A	<input type="checkbox"/> \$1,488.45	N/A	<input type="checkbox"/> \$2,570.28	
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO				N/A	<input type="checkbox"/> \$2,294.36	N/A	<input type="checkbox"/> \$3,376.19	
Retiree Under 65 + Child(ren) & Spouse Over 65 on Medicare w/High HMO No Rx				N/A	<input type="checkbox"/> \$2,308.69	N/A	N/A	
Retiree Under 65 + Child(ren) & Spouse Over 65 on Medicare w/High HMO				N/A	<input type="checkbox"/> \$3,114.60	N/A	N/A	
† 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)		- Standard -		- Enriched -			
<input type="checkbox"/> CANCEL DENTAL <input type="checkbox"/> NOT ENROLLED   MONTHLY RATES FOR:				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
*Delta DHMO Plans are not available outside Florida   NOTE: Dental coverage is not provided to Adult Children (AC).									

SECTION 5: RETIREE VISION				BASE PLAN		PREMIER PLAN	
(Please mark one box only) <input type="checkbox"/> CANCEL VISION <input type="checkbox"/> NOT ENROLLED   MONTHLY RATES FOR:							
NOTE: Vision coverage is not provided to Adult Children (AC)		Retiree Only		<input type="checkbox"/>	\$4.14	<input type="checkbox"/>	\$9.95
		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/YYYY	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 PRODUCTS (Monthly Rates)			
Life Insurance <input type="checkbox"/> Elect Life Insurance <input type="checkbox"/> Decline Life Insurance   NOTE: Life Insurance coverage is reduced when you reach age 65. The coverage options are \$15,000 or \$20,000.			
\$ _____ x .00017 = \$ _____ Base Annual Salary Monthly Premium Life insurance.			
Life Insurance		<input type="checkbox"/> Continue Life Insurance <input type="checkbox"/> Cancel Life Insurance	
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	
Ocenture ConstantCredit		<input type="checkbox"/> Retiree Only \$11.50 <input type="checkbox"/> Retiree + Spouse \$23.00 <input type="checkbox"/> Cancel	
Ocenture ID Commander		<input type="checkbox"/> Retiree Only \$10.50 <input type="checkbox"/> Retiree + Family \$22.50 <input type="checkbox"/> Cancel	
Pet Assure <input type="checkbox"/> \$8.00		PetPlus <input type="checkbox"/> Single Pet \$4.50 <input type="checkbox"/> Multiple Pet \$8.50 <input type="checkbox"/> Cancel	
Pet Assure/PetPlus <input type="checkbox"/> Single Pet \$12.50 <input type="checkbox"/> Multiple Pet \$16.50			

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)

RETIREE SIGNATURE	DATE
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