

# Retiree Election Form

NATIONAL EMPLOYEES  
HEALTH PLAN

As a current NEHP Retiree, you have the opportunity to choose from the options below. Please make your election by checking the line next to your option. More information about these options is available on the enclosed forms or on the NEHP website, [www.nationalemployeeshealthplan.org](http://www.nationalemployeeshealthplan.org).

## Option 1 \_\_\_\_\_

\$125 Per person contribution – PPO

## Option 2 \_\_\_\_\_

\$125 Per person contribution – HMO  
Coverage available based on where you live.

MICHIGAN RESIDENTS ONLY  
Health Alliance Plan (HAP)  
Blue Care Network (BCN)

FLORIDA RESIDENTS ONLY  
Vista Health Plan HMO

## Optional Dental

\$24.16 Single \_\_\_\_\_

\$50.74 Couple \_\_\_\_\_

## Optional Vision

\$0.97 Single \_\_\_\_\_

\$2.04 Couple \_\_\_\_\_

Regardless of which plan option you choose, please complete the National Employees Health Plan Enrollment Form. Also, when choosing plan option 1 or 2, please complete the corresponding application form (Blue Cross Blue Shield, Vista, HAP or BCN). Failure to complete and return the forms may result in termination of coverage for you and/or your covered spouse. If you have any questions please feel free to call us at (800) 447-1032.

## National Employees Health Plan Retiree Coverage Payment Coupon

Enclosed, please find my first month's premium of:

Option 1 = \$125 Per Person + Vision \_\_\_\_\_ + Dental \_\_\_\_\_ Total \_\_\_\_\_

Option 2 = \$125 Per Person + Vision \_\_\_\_\_ + Dental \_\_\_\_\_ Total \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Please mail payment and forms to: NEHP • PO Box 55459 • Detroit, MI 48267

### Reminder: Please return the following as soon as possible:

Retiree Election Form  
National Employees Health Plan Enrollment Form  
The Appropriate HMO/PPO Enrollment Form  
**Payment**

After election, you will receive a monthly premium invoice from NEHP