

1199SEIU Benefit Funds

330 West 42nd Street • New York, NY 10036-6977 • (646) 473-9200 • Outside NYC: (800) 575-7771 • www.1199SEIUBenefits.org

1199SEIU HUMANA MEDICARE ADVANTAGE PLAN OPT-OUT FORM

To opt out of the 1199SEIU Humana Medicare Advantage Plan, complete this form and return or mail it to: 1199SEIU Benefit Funds, Retiree Health Benefits Office, 330 West 42nd Street, 10th Floor, New York, NY 10036-6977. Or, fax it to (646) 473-8799.

I understand that by not enrolling in the 1199SEIU Humana Medicare Advantage Plan, I will no longer be eligible for 1199SEIU Benefit Fund retiree health benefits.

This Opt-Out Form is being provided should you choose to opt out of the 1199SEIU Humana Medicare Advantage Plan. Please note, however, that if you choose to opt out of this program, you will give up all retiree health benefits provided by your 1199SEIU Benefit Fund, which may include prescription, Medicare Part A First-Day hospital deductible, Medicare Part B reimbursement, vision, life insurance and burial.

If you are a married 1199SEIU retiree and opt out of the 1199SEIU Humana Medicare Advantage Plan, your spouse will not be able to enroll and will lose all retiree health benefits through the Fund.

However, even if a married 1199SEIU retiree joins the 1199SEIU Humana Medicare Advantage Plan, his/her spouse may choose to opt out separately. If the spouse opts out, he/she will not receive the Fund's retiree health benefits indicated above.

Retiree:

I DO NOT WISH TO ENROLL IN THE 1199SEIU HUMANA MEDICARE ADVANTAGE PLAN.

I have read this form and understand that by opting out of the 1199SEIU Humana Medicare Advantage Plan, I am not entitled to 1199SEIU Benefit Fund retiree health benefits.

Print Name: _____ **Social Security #:** _____
(RETIREE NAME)

Address: _____ **Telephone:** (___) _____ - _____

Spouse:

I DO NOT WISH TO ENROLL IN THE 1199SEIU HUMANA MEDICARE ADVANTAGE PLAN.

I have read this form and understand that by opting out of the 1199SEIU Humana Medicare Advantage Plan, I am not entitled to 1199SEIU Benefit Fund retiree health benefits.

Print Name: _____ **Spouse Social Security #:** _____
(SPOUSE NAME)

Print Name: _____ **Retiree Social Security #:** _____
(RETIREE NAME)

Address: _____ **Telephone:** (___) _____ - _____

HUMMAP • 08/19 • HUMANA MEDICARE ADVANTAGE PLAN OPT-OUT