

OFFICE OF GROUP BENEFITS
2016 ANNUAL ENROLLMENT FORM
Non-Medicare Retirees and Rehired Retirees
(Please PRINT Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ Phone: (_____) _____

NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE
PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

Pelican HRA1000
Administered by Blue Cross

Magnolia Local (Limited Provider Network)
Administered by Blue Cross

Magnolia Local Plus
Administered by Blue Cross

Vantage Medical Home Health HMO (MHHP)
Insured by Vantage Health Plan

Magnolia Open Access
Administered by Blue Cross

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2015.

By Mail: Office of Group Benefits
Annual Enrollment
P.O. Box 44036
Baton Rouge, LA 70804

By Fax: Office of Group Benefits
Annual Enrollment
(225) 342-9917

Plan Member's Signature *(required)*

Date