



State of Louisiana
 Office of Group Benefits
 P.O. Box 44036
 Baton Rouge, Louisiana 70804



**RETIREE 100 – A SPECIAL OPTION FOR RETIREES
 MEDICARE 100% COORDINATION OF BENEFITS OPTION
 ENROLLMENT FORM**

- Election Guideline**
- Active Plan Member retiring and has Medicare A and B coverage, 30 days before or after retirement
 - Retired Plan Member obtaining Medicare A & B, 30 days before or after Medicare A & B effective date
 - Retired Plan Member Part A and now obtaining Medicare Part B, 30 days before or after Medicare B
 - Retired Plan Member Medicare A & B primary, annual enrollment

AGENCY NUMBER _____ AGENCY NAME _____

EMPLOYEE NAME _____

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FULL NAME OF SPOUSE _____

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH ____/____/____

CHECK ONE

_____ SINGLE _____ TWO-PARTY (BOTH HAVE MEDICARE A&B)

RATES	
(EMPLOYEE PAYS ENTIRE ADDITIONAL PREMIUM AMOUNT FOR THIS OPTIONAL COVERAGE)	
SINGLE	\$39.00
TWO-PARTY	\$78.00

**MEDICARE ELIGIBILITY DATES (IF APPLYING FOR SINGLE PARTY COVERAGE FOR SPOUSE ONLY
 FILL IN THE SPOUSE MEDICARE ELIGIBILITY DATES)**

EMPLOYEE: PART A ____/____/____ PART B ____/____/____

SPOUSE: PART A ____/____/____ PART B ____/____/____

EMPLOYEE SIGNATURE _____ DATE ____/____/____

FOR GROUP BENEFITS USE ONLY
 EFFECTIVE DATE _____
 SPECIALIST _____