



**STATE OF LOUISIANA**  
DIVISION OF ADMINISTRATION  
**OFFICE OF GROUP BENEFITS**



**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)

**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 \_\_\_\_\_