




**2020 City of Plano Employer Group Retiree Selection Form**

**Individual information** (please print clearly in ink) *Spouses will need to complete their own form*

Name (exactly as it appears on Medicare ID card)		
Birthdate (MM/DD/YYYY)  ____/____/____	Telephone Number  (     ) _____ - _____	
Address (Number and Street, Apartment Number)		
City	State	Zip
Gender		
<p><b>Plan Selection</b></p> <p><input type="checkbox"/> <b>Plan G</b> (AARP/ UHC)</p> <p><input type="checkbox"/> <b>Standalone PDP Plan</b> (Aetna)</p> <p><b>Medical w/Pharmacy Options</b></p> <p><input type="checkbox"/> <b>Premium Plan</b> (Aetna)</p> <p><input type="checkbox"/> <b>Standard Plan</b> (Aetna)</p>	<p>Medicare claim number _____ - _____ - _____</p> <p>Is entitled to</p> <p>Effective dates: (MM/YY)</p> <p>HOSPITAL (Part A) _____</p> <p>MEDICAL (Part B) _____</p>	
<input type="checkbox"/> <b>Waive Medicare Supplemental Coverage through City of Plano offerings</b>		
Member Signature		Date

***Service credits can only be applied towards the City of Plano sponsored health plans. Service credits accumulate at \$11 per month per year of service with a minimum of \$110.00.***

**This request must be signed by the member unless there is an appointed Durable Power of Attorney, a copy of which must be attached. Please return the completed form to the following address:**

***City of Plano, Attn: Human Resources, 1520 K Avenue, Suite 130, Plano, TX 75074***