

Retiree + Family

□ \$53.06

## **2023 UNDER 65 RETIREE ENROLLMENT FORM**

LMI

**DUVAL COUNTY PUBLIC SCHOOLS** 

January 1, 2023 - December 31, 2023

RETURN FORMS TO:
FBMC RETIREE & DIRECT BILL - Attn: Mail Slot 32
PO Box 10789 Tallahassee, FL 32302-2789
FBMC Service Center 1-855-5MY-DCPS (1-855-569-3277)
Direct Bill Fax: 866-836-9943

**RETIREE INFORMATION** 

## PLEASE WRITE IN ALL CAPITAL LETTERS WITH A PEN.

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HOME ADDRESS: STREET					C	CITY STATE								<u> </u>	ZIP	_			<u> </u>	<u> </u>		
BIRTH DATE: MM/DD/YY			Т пм	ΛΙΕ		HOME PHONE #										_	RI	ETIREMEI	NT DAT	E	<u> </u>	
				MALE		SINGLE																
CELL PHONE #			_		$\overline{}$	EMAIL ADDRESS													_			
2. INSTRUCTI	ONS																					
Retirees: This form i following plan years including Medical Ir dependents under ein the same benefit of In the event you pasend of the month in of continuing covera	unless ynsurance very ber or unless ss away which ye	vou char e and/o nefit that s HIPAA while co ou pass	nge the r <b>Stan</b> speci speci overin away	em. If Idard fies de ial enr Ig a d	you n Life I epend ollme	nake a nsura dent co ent righ dent s	nce overants appour	nange canno age, as oply. se and	s, you <b>t be e</b> s long d/or cl	mus lecte as yo	t com d if y ur de en), c	plete ou h pend	e the ave plants	enro orev are	ollmer iously curre	nt fo y ca ntly pen	rm in ncele cove	its er ed. Yo red ai (s) wil	ntiret ou ca nd yo	ty. <b>Ins</b> an cov ou par minat	ver y rticip	nce, our oate the
3. MEDICAL BENEFITS - FOR RETI							REE UNDER AGE 65													PRE	MIL	JM
NOTE: If you are on	s, you	our rates are different and are not accurate							ratel	y reflected here.												
FLORIDA BLUE						2 Plan HMO Plan htributory Plan)					n	HDHP (High Deductible Health Pla				n)						
Retiree Only		\$696.8	31		\$8	385.09	5.09		□ \$696.		1	□ \$		625	.26							
Retiree/Spouse		\$1,176.0	00		\$1,	,494.12	2		\$1,1	76.00	0		\$1	,060	0.51							
Retiree/Child(ren)		\$1,053.	91		\$1,	346.2	2		\$1,0	)53.9	1		\$	948	.37		⊥ CA	ANCE	╩┖│	\$		
Retiree/Family		\$1592.	47		\$1,	998.5	9		\$15	92.4	7		\$1	,443	3.09							
Spouse Only*		\$696.8	31		\$8	385.09	Э		\$6	96.8	1		\$	625	.26							
Child(ren) Only*		\$382.3	80		\$3	382.30	)		\$3	49.33	3		\$	315	.10							
☐ Retiree is ove (Verification fi *Spouse Only ar	rom So	cial Se	curity	/ Adn	ninist	tratio	n mı					ed o	ut of	mec	lical ir	nsur	ance					
RETIREE	□ Wa	ive - Μι	ıst be	enrol	led in	High	Ded	uctible	e plar	to b	e HS/	A eliç	gible							PREMIUM		
HEALTH SAVINGS CONTRIBUTION	☐ Ref	tiree Co	ntribu	ition (	Maxin	mum \$3,600 single/\$7,200 family)									T	□ CA	ANCE	EL	\$			
TRICARE		Re	etiree	Only		\$67.50											$\Box$					
SUPPLEMENTAL MEDICAL RATES		Ret	iree +	re + One								ı [	⊐ CA	ANCE	<u> </u>	\$						
	Reti	ree + Tv	vo or	More		\$178.5	50															
4. GROUP TERM LIFE INSURANCE																	PREMIUM					
GROUP TERM					Stan	andard Insurance Company								_				\$				
LIFE INSURANCE							☐ Retiree Only													<u> </u>		
5. FLEXIBLE B	ENEF	ITS																				
Indicate all benefit se amounts selected by																						
DENTAL CARE	taCaı	are USA Delta Dental										PRE	MIL	JM								
(Florida Residents					y)	(Non-Florida Residents Only) PPO						)										
Facility #_																4				¢		
Retiree Only			\$21.3					\$29.9						7.96		_	⊔ C/	ANCI	=-	\$		
Retiree + 1	e + 1 □ \$36.06								│ □ \$49.81 │ □ \$7													

\$97.94

□ \$73.43

											PREN	ИUМ		
			Premiere Plan			Lov	/ Plan							
	Retiree Only		□ \$7.6			□ \$5.83		<b> </b>						
Davis Vision	Retiree + 1			\$16.28		□ \$12.52		☐ CANCEL			\$			
	Retiree + Family			\$23.08		□ \$17.75								
HEARING CARE	_										PREN	ишм		
	Retiree Only			\$6.00						Т				
Ameritas -	Retiree + Spouse		□ \$12.00			).			☐ CANCEL					
SoundCare®	Retiree + Child(re	n)		\$9.00	00			C.	ANCE	┖	\$			
	Retiree + Family			\$15.00										
IDENTITY THEFT F	PROTECTION										PREN	ишм		
	Premium Plan	☐ Reti	iree Oı	nly \$7.00		Retiree + Family \$15.00					_			
ID Commander	Ultimate Plan	☐ Reti	iree Or	nly \$10.50		Retiree + Fa	mily \$22.50				\$			
IT TECHNOLOGY S	SUPPORT										PREN	ишм		
	Unlimited Suppor	t Plan		□ Re	etire	e Only \$10.	00							
IT Please	Unlimited Plus Su	pport P	lan	□ Re	☐ Retiree Only \$14.00					-	\$			
PET Rx											PREN	ишм		
PetPlus	☐ Single Pet \$4.5	50		□м	ultip	le Pets \$8.	50	☐ CANCEL			\$			
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							OTAL \$							
If you have an existin	a policy with Allet	sto I Inc.	m Afl	or Truct	marl	cand wich t	o change or c	ancol	601/0	raac		muct		
If you have an existing contact the providers	s directly. See the F	Retiree R	Refere	nce Guide f	for c	ontact infor	mation. Curre	nt pre	mium	ıs fo	r volu	ntary		
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