

Elon University
Retiree Medical Insurance Plan Enrollment Form
Underwritten by: Monumental Life Insurance Company, Cedar Rapids, IA
an AEGON company

You Must Return Your Enrollment Form to Put Your Coverage In Force!

Please Print

Retiree Information:

Name: _____ Date of Birth: Month ____/Day____/Year____
 Address: _____ Social Security Number: ____ - ____ - ____
 City: _____ Medicare Number: _____
 State: _____ Zip Code: _____ Sex: _____ Phone Number: (____)_____
 Desired Effective Date: _____ Email Address: _____

Spouse Information:

Name: _____ Date of Birth: Month ____/Day____/Year____
 Address: _____ Social Security Number: ____ - ____ - ____
 City: _____ Medicare Number: _____
 State: _____ Zip Code: _____ Sex: _____ Phone Number: (____)_____
 Desired Effective Date: _____ Email Address: _____

Please Choose Type of Coverage:

	<input type="checkbox"/> Retiree	<input type="checkbox"/> Retiree and Spouse	<input type="checkbox"/> Spouse Only
Retiree Medical plan premium	\$125.17	\$350.34	\$225.17
Pharmacy benefit premium	\$123.91	\$247.82	\$123.91
Total monthly premium	\$249.08	\$598.16	\$349.08

***The pharmacy benefit is underwritten and provided by Express Scripts Insurance Co., an Arizona Corporation, with its principal place of business located at One Express Way, St. Louis, Missouri 63121. Express Scripts is not affiliated with Monumental Life Insurance Company, or any other subsidiary or affiliate of the AEGON Group of companies.**

Please Complete:

Do you currently have any Medicare Supplement policies or certificates in force (including Health Maintenance Organization contract or Health care service contract)?

Retiree (if enrolling): Yes No **Spouse (if enrolling):** Yes No

(a) If YES* with which company? _____

(b) What kind of policy/certificate? _____

(c) Length of time you have had coverage? _____ Years _____ Months

(d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form? Yes No

*I understand it is my responsibility, if I desire to do so, to cancel my current coverage, if any, by notifying the Provider or Plan Administrator of such coverage.

(Over, please)

Please Sign and Date:

I/We hereby enroll in the Elon University Retiree Medical Insurance Plan provided under group Policy Form number LM1000GPM, LM1000GPM.PA issued by Monumental Life Insurance Company. I/We am/are age 65 or over and covered by Medicare Parts A & B. I/We understand this insurance will be effective on the date shown on the certificate schedule. I acknowledge I have read the fraud warning statement below where applicable.

FRAUD WARNING

AR, CO, KY, LA, OH and OK Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

DC, NM and RI Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MD Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD1000A.MD

ME, TN and WA Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Retiree Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

Mail your completed enrollment form in the return envelope provided.

For customer service: call 1-800-236-4782
Monday through Friday, 8:00 a.m. to 5:30 p.m., Eastern Time.