



OPEN ENROLLMENT CHANGE FORM 2008

Follow the instructions below to make changes to your 2008 medical coverage.

STEP 1: Are you making any changes to your medical coverage for next year?

- No No action is necessary. **DO NOT RETURN THIS FORM.**
- Yes Continue to Step 2.

STEP 2: Do you want to change your medical plan for next year?

- No Continue to Step 3.
- Yes Choose the medical plan(s) for you and/or your family below:

Non-Medicare Member Plans		Medicare Member Plans		Include Prescription Drug?	
<input type="checkbox"/>	UHC Premier PPO	<input type="checkbox"/>	UHC Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
<input type="checkbox"/>	UHC High Deductible Health	<input type="checkbox"/>	UHC Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
		<input type="checkbox"/>	Presbyterian Medicare PPO (No corresponding non-Medicare Plan is available)	(not optional)	
<input type="checkbox"/>	CIGNA Premier PPO	<input type="checkbox"/>	CIGNA Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
		<input type="checkbox"/>	Lovelace Senior Plan (No corresponding non-Medicare Plan is available)	(not optional)	
<input type="checkbox"/>	CIGNA In-Network (No corresponding Medicare Plan is available)			<input type="checkbox"/> Yes	<input type="checkbox"/> No*
<input type="checkbox"/>	Kaiser Permanente HMO	<input type="checkbox"/>	Kaiser Permanente Senior Advantage	(not optional)	

***If you waive prescription drug coverage under your Medicare Plan, your Non-Medicare dependents will also have no prescription drug coverage.**

STEP 3: Do you want to add or drop dependents for medical or dental for next year?

- No Continue to Step 4.
- Yes Use the table below to add or drop your dependents.

Add/Drop	Name	Relationship	Birth Date	Medical	Dental
Add	John Smith	Son	7/16/85	Yes	Yes

STEP 4: Please print your name and phone number below:

Name (print) _____
 Phone Number _____ Social Security Number: _____

STEP 5:
 Sign and mail this form in the envelope provided postmarked by November 9, 2007.

Signature _____ Date: _____