

Retiree Election Form



As a current NEHP Retiree, you have the opportunity to choose from the options below. Please make your election by checking the line next to your option. More information about these options is available on the enclosed forms or on the NEHP website, www.nationalemployeeshealthplan.org.

Option 1 _____

\$125 Per person contribution – PPO

Option 2 _____

\$125 Per person contribution – HMO
Coverage available based on where you live.

MICHIGAN RESIDENTS ONLY
Health Alliance Plan (HAP)
Blue Care Network (BCN)

FLORIDA RESIDENTS ONLY
Vista Health Plan HMO

Optional Dental

\$24.16 Single _____
\$50.74 Couple _____

Optional Vision

\$0.97 Single _____
\$2.04 Couple _____

Regardless of which plan option you choose, please complete the National Employees Health Plan Enrollment Form. Also, when choosing plan option 1 or 2, please complete the corresponding application form (Blue Cross Blue Shield, Vista, HAP or BCN). Failure to complete and return the forms may result in termination of coverage for you and/or your covered spouse. If you have any questions please feel free to call us at 800-648-8200.

National Employees Health Plan Retiree Coverage Payment Coupon

Enclosed, please find my first month's premium of:

Option 1 = \$125 Per Person + Vision _____ + Dental _____ Total _____
Option 2 = \$125 Per Person + Vision _____ + Dental _____ Total _____

Name: _____ SS#: _____

Please mail payment and forms to: NEHP • P.O. Box 430 • Sterling Heights, MI 48311

Reminder: Please return the following as soon as possible:

- Retiree Election Form
- National Employees Health Plan Enrollment Form
- The Appropriate HMO/PPO Enrollment Form
- Payment**

After election, you will receive a monthly premium invoice from NEHP