



Washington Teachers' Union

FULFILLING THE COMMITMENT TO BUILD GREAT MINDS

NEW RETIREE MEMBERSHIP AND BENEFITS APPLICATION

Only complete this form if you retired in the calendar year 2016

PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit*

_____ *City* *State* *ZIP Code*

Male ___ Female ___

Home Phone: _____ Cell Phone: _____

Personal Email: _____

SSN: _____

Birth Date: _____ Retirement Date: _____

If you retired in the calendar year 2016 and want to continue dental and vision coverage, you must pay the pro-rated fee (not the full rate) for dental and vision benefits along with WTU Retiree Chapter Dues for the remainder of 2016. Please refer to the attached pro-rated chart for the amount you must pay.

You must also enroll for 2017 dental and vision benefits during open enrollment in November 2016. If you miss the open enrollment period, you may be dropped from your plan and must wait until the next open enrollment period to re-enroll.

2016 MEMBERSHIP DUES

Retiree Chapter Membership Dues \$55

*Please note, you MUST pay retiree dues to be eligible for Dental and/or Vision benefits.

2016 VISION and DENTAL BENEFITS

2016 VISION Prorated Premium

Check the month you would like benefits to begin

<u>Month</u>	<u>Premium</u>
<input type="checkbox"/> January	\$184.80
<input type="checkbox"/> February	\$169.40
<input type="checkbox"/> March	\$154.00
<input type="checkbox"/> April	\$138.60
<input type="checkbox"/> May	\$123.20
<input type="checkbox"/> June	\$107.80
<input type="checkbox"/> July	\$92.40
<input type="checkbox"/> August	\$77.00
<input type="checkbox"/> September	\$61.60
<input type="checkbox"/> October	\$46.20
<input type="checkbox"/> November	\$30.80
<input type="checkbox"/> December	\$15.40

2016 DENTAL Prorated Premium

- 1) Check the month for benefits to begin
- 2) Circle either **Single** or **Family** option
- 3) Circle either **In-Network Only** or **PPO** plan

<u>Month</u>	<u>Single</u>	<u>Family</u>
<input type="checkbox"/> January	\$360.00	\$720.00
<input type="checkbox"/> February	\$330.00	\$660.00
<input type="checkbox"/> March	\$300.00	\$660.00
<input type="checkbox"/> April	\$270.00	\$540.00
<input type="checkbox"/> May	\$240.00	\$480.00
<input type="checkbox"/> June	\$210.00	\$420.00
<input type="checkbox"/> July	\$180.00	\$360.00
<input type="checkbox"/> August	\$150.00	\$300.00
<input type="checkbox"/> September	\$120.00	\$240.00
<input type="checkbox"/> October	\$90.00	\$180.00
<input type="checkbox"/> November	\$60.00	\$120.00
<input type="checkbox"/> December	\$30.00	\$60.00

In-Network Only Plan or PPO Plan

You must circle one

TOTAL 2016 Coverage Cost = _____ (\$55 + Dental Premium + Vision Premium)

Notice: You will also be required to enroll in 2017 Membership, Vision and Dental benefits during open enrollment for the 2017 year. Open enrollment for 2017 is **November 1– 30, 2016**. If you miss that enrollment period for 2017 benefits, you will not receive coverage during 2017 and will have to wait for the next open enrollment period to obtain Dental and Vision benefits. You can find the 2017 enrollment package on our website www.wtulocal6.org.

THIS IS NOT A HEALTH INSURANCE PLAN. THIS PLAN COVERS ONLY DENTAL AND/OR VISION BENEFITS, DEPENDING ON YOUR ELECTION.

FAMILY/DEPENDENT INFORMATION

You may photocopy and complete this portion of the form to include more than three dependents

Dependent 1

Full Name: _____
Last *First* *M.I.*

SSN: _____

Relationship: Spouse____ Child____ Domestic Partner____ Child of Domestic Partner ____

Date of Birth: _____ Male____ Female____

Disabled? No____ Yes____

Full time student? No____ Yes____

****Verification:** Please attach a copy of one of the following forms of verification

Child: Birth certificate
Adopted child: Adoption certificate
Spouse: Marriage certificate
Child of domestic partner: Marriage certificate and birth certificate

Dependent 2

Full Name: _____
Last *First* *M.I.*

SSN: _____

Relationship: Spouse____ Child____ Domestic Partner____ Child of Domestic Partner ____

Date of Birth: _____ Male____ Female____

Disabled? No____ Yes____

Full time student? No____ Yes____

****Verification:** Please attach a copy of one of the following forms of verification

Child: Birth certificate
Adopted child: Adoption certificate
Spouse: Marriage certificate
Child of domestic partner: Marriage certificate and birth certificate

Dependent 3

Full Name: _____
Last *First* *M.I.*

SSN: _____

Relationship: Spouse____ Child____ Domestic Partner____ Child of Domestic Partner ____

Date of Birth: _____ Male____ Female____

Disabled? No____ Yes____

Full time student? No____ Yes____

****Verification:** Please attach a copy of one of the following forms of verification

Child: Birth certificate
Adopted child: Adoption certificate
Spouse: Marriage certificate
Child of domestic partner: Marriage certificate and birth certificate

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Please make checks payable to WTU Retiree Chapter. Your enrollment will not be processed until payment is received. Please remember to include enrollment application with check or money order.

Mail To: Membership Department-Retiree Benefits
1239 Pennsylvania Ave, SE
Washington, DC 20003

Signature

Date

Please call the Membership Department at 202-293-8627 if you have questions.