



STATE OF MAINE
Office of Employee Health & Benefits
One Time Election of Health Insurance Form



I. Employee Information:

Name	Department	Hire Date	Termination Date
		<input type="checkbox"/> First hired by the State of Maine prior to July 1, 1991	
Address	City	State	Zip Code
	Home Phone ()	Date of Birth	Social Security Number

II. Current Health Insurance Coverage: (select one)

Single 2-Person Family Adult w/Children Dual Employee Family Contract

Name(s)	Social Security Number	Date of Birth
Spouse/Domestic Partner	- -	/ /
Dependent	- -	/ /
Dependent	- -	/ /
Dependent	- -	/ /

I understand: (1) this is my one-time election as provided by the governing State of Maine Statute Title 5 §285 to preserve retiree medical insurance enrollment rights and (2) if I fail to maintain coverage under the State of Maine group, I will only be able to reenter the group at the time I elect to retire. Link to Statute is available at www.maine.gov/bhr/oe.

III. Please check one:

I elect to continue health coverage and remain in the State of Maine group; I understand I will be billed directly. Current premium \$_____/month

OR

I elect not to continue my health insurance coverage and will only be permitted to reenter the State of Maine group at the time I elect to retire per Title 5 §285.

I understand at the time I retire, I must contact the Office of Employee Health & Benefits at least 60 days in advance or retirement to complete an application to transfer my health insurance into retirement status.

IV. Signature _____ **Date:** _____

Return completed form to: Employee Health & Benefits, 61 State House Station, Augusta, Maine 04333-0061. For questions call (207)624-7380 or 1-800-422-4503 (TTY dial Maine Relay 711).

Please note: Employee Health & Benefits may verify retirement eligibility with the Maine Public Employees Retirement System as necessary.

EH&B Use Only:

First Hire Date: _____	Direct Bill Group Effective Date:
Years of participation in State group health plan: _____	_____
Percent of State paid retirement benefit: _____%	Month Day Year
	Group Number: _____