

Follow the instructions below to make changes to your 2009 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 need or want to change your medical plan for next year?

Note: CIGNA Premier/Senior Premier and High Deductible Health Plan are no longer medical plan options. All members enrolled in these plans MUST select another medical plan option.

No

Yes

NON-MEDICARE Member Plans		MEDICARE Member Plans	
<input type="checkbox"/>	UHC Premier PPO	<input type="checkbox"/>	UHC Senior Premier PPO
		<input type="checkbox"/>	Presbyterian MediCare PPO (No corresponding non-Medicare Plan is available) Must be Medicare Part A & B eligible in January 2009 to enroll in this plan.
<input type="checkbox"/>	CIGNA In-Network	<input type="checkbox"/>	Lovelace Senior Plan Must be Medicare Part A & B eligible in January 2009 to enroll in this plan.
<input type="checkbox"/>	Kaiser Permanente Traditional HMO	<input type="checkbox"/>	Kaiser Permanente Senior Advantage Must be Medicare Part A & B eligible in January 2009 to enroll in this plan.

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/ Age	Medical	Dental
Add	John Smith	Son	7/16/85 / 15	Yes	Yes

STEP 4: Please print your name and phone number below

Name (print) _____ Age _____

Phone Number: _____ Social Security Number: _____

STEP 5: Sign & mail form in the envelope provided postmarked by November 10, 2008.

Signature _____ Date: _____