



## 2018 Windstream New Retiree Enrollment & Decline Form

### Pre65 Retiree and Spouse (Non-Medicare Eligible)

Return to the below address within 31 days to your retirement

**Mercer Health & Benefits Administration LLC, PO Box 14464, Des Moines, IA 50306-3464.  
For customer service: call 855-846-7564, Monday through Friday, 8:00 am to 5:00 pm CT**

#### **Retiree Information**

Last Name, First Name, Middle Initial		Gender	Birth Date (Month/Day/Year)	
Permanent residence street address (PO Box is not allowed):		City	State	Zip
Mailing Address (only if different from your permanent residence address):		City	State	Zip
Home Phone		Social Security Number		

#### **Spouse/Surviving Spouse Information**

Last Name, First Name, Middle Initial	
Birth Date (Month/Day/Year)	<u>Gender</u> <input type="checkbox"/> Female <input type="checkbox"/> Male
Social Security Number	

#### **Dependent Child Information**

Dependent Child Name (Last Name, First Name, Middle Initial)	Date of Birth (Month/Day/Year)	Gender (M/F)	Full Time Student (Y/N)

**Your retirement benefits are determined by your current benefits as an active employee. The following plans can be carried into retirement if currently enrolled as an active employee: Medical with prescription, Dental, Vision, Supplement Life, Supplemental AD&D, Spouse Life, Child Life.**

**All plans do not have to be selected to receive retiree coverage. A retiree can pick any of the eligible plans from above and carry into retirement. Please reference your current active benefit summary to calculate your eligible life insurance amount. Any plans you choose to enroll in will be verified for eligibility before you can officially enroll.**

Please make sure you choose a selection in each of the following sections

### Retiree Medical Plan Choice

Select which carrier you want to enroll with	Select a deductible amount and coverage tier
<input type="checkbox"/> UMR <input type="checkbox"/> Blue Cross Blue Shield of Arkansas <input type="checkbox"/> Decline Medical Coverage	<input type="checkbox"/> \$1,850 <input type="checkbox"/> \$2,850 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$6,550  <input type="checkbox"/> Retiree <input type="checkbox"/> Retiree & Spouse <input type="checkbox"/> Retiree & Family <input type="checkbox"/> Retiree & Child(ren)

### Retiree Dental Plan Choice

Select which plan you would like to enroll in	Select a coverage tier
<input type="checkbox"/> Delta Dental Basic Plan <input type="checkbox"/> Delta Dental Standard Plan <input type="checkbox"/> Delta Dental Enhanced Plan <input type="checkbox"/> Decline Dental Coverage	<input type="checkbox"/> Retiree <input type="checkbox"/> Retiree & Spouse <input type="checkbox"/> Retiree & Family <input type="checkbox"/> Retiree & Child(ren)

### Retiree Vision Plan Choice

Select which plan you would like to enroll in	Select a coverage tier
<input type="checkbox"/> VSP Materials Only Plan <input type="checkbox"/> VSP Enhanced Plan <input type="checkbox"/> Decline Vision Coverage	<input type="checkbox"/> Retiree <input type="checkbox"/> Retiree & Spouse <input type="checkbox"/> Retiree & Family <input type="checkbox"/> Retiree & Child(ren)

### Retiree Supplemental Life

Select which plan you would like to enroll in	
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, _____ times Salary	Retirees can elect the lesser of 3 times your Annual Earnings on the day prior to your retirement or 100% of the amount of Additional Supplement Life Insurance in effect on the day prior to your retirement. Any amount higher than the Lesser of 3x Pay or the amount in effect immediately prior to retirement will be subjected to reduction. Basic life and Basic AD&D are not eligible to continue on into retirement. You may port these two plans by completing a portability application and mailing it on to The Standard. Applications can be found on <a href="http://Windstreambenefits.com">Windstreambenefits.com</a> under the tools and forms tab.

Age at end of the year	Per \$1,000 of Coverage
50-54	\$0.598
55-59	\$0.920
60-64	\$1.357
65-69	\$2.300
70-74	\$4.255
75-79	\$6.785
80+	\$7.487

## Spouse Standard Life

Select which carrier you want to enroll with	Select a deductible amount and coverage tier
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, _____ per \$1,000	Retirees must elect additional supplemental life in retirement to enroll in spouse life coverage. Employee must elect spouse life Insurance in multiples of \$1,000. The maximum amount is 50% of the amount of your additional supplemental life insurance. Any spouse life amount higher than the 50% supplemental life will be subjected to reduction. Premiums are based on employee's date of birth using the table above. Rates are based on the employee's age, not the spouse's age.

Age at end of the year	Per \$1,000 of Coverage
50-54	\$0.598
55-59	\$0.920
60-64	\$1.357
65-69	\$2.300
70-74	\$4.255
75-79	\$6.785
80+	\$7.487

## Child Standard Life

Select which carrier you want to enroll with	Select a deductible amount and coverage tier
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, _____ per \$5,000	Child Life Volume may be continued at the same amount the retiree had as an active employee (up to \$25,000) or at a reduced amount in \$5,000 increments. Premium is the same regardless of the number of children. The retiree must be enrolled in retiree supplemental life insurance to have child life insurance. Child supplemental life coverage will end at the time the child attains age 26.

Volume	Monthly Rate
\$5,000	\$0.40
\$10,000	\$0.80
\$15,000	\$1.20
\$20,000	\$1.60
\$25,000	\$2.00

## Supplemental Accidental Death and Dismemberment

Select which carrier you want to enroll with	Select a deductible amount and coverage tier
<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, please check one of the below options</b>  <input type="checkbox"/> <b>Employee Only \$30,000</b> <input type="checkbox"/> <b>Employee plus spouse \$30,000 plus an additional \$15,000</b>	Supplemental AD&D coverages ends on the 1 <sup>st</sup> day of the month in which the retiree reaches age 70. Spouse coverage ends on the 1 <sup>st</sup> day of the month in which the spouse reaches age 70, or when the retiree no longer has coverage. Employees are offered the Supplemental AD&D tier coverage(s) if the plan is carried as an active.

	Volume	Monthly Rate
Employee only	\$30,000	\$0.60 per month
Employee plus spouse \$ 30,000 plus and additional \$ 15,000 for spouse		\$0.90 per month

**By choosing the decline coverage boxes, I understand I will not be able to enroll in the plan in the future. Failure to return this form will be considered a declination for coverage and you will not be allowed to enroll in the future.**

I hereby certify that the above information is true and complete. I understand any misrepresentation contained herein may result in exclusion from Windstream Retiree Medical Plan. I also acknowledge that Mercer and/or Windstream may release my information to the carriers and other plans as is necessary solely for the purpose of treatment, payment claims and general health care operations.

<b>X</b> _____	_____
<b>Retiree/Surviving Spouse Signature (Required)</b>	<b>Date</b>
<b>X</b> _____	_____
<b>Spouse Signature</b>	<b>Date</b>