



Cigna Health Insurance Enrollment/Change Form

Open Enrollment: May 6 - 24, 2019 (Changes Effective July 1, 2019)

Retiree Name:		SSN Last 4	Date of Birth (MM/DD/YY)
Mailing Address:		City	State, Zip
Main Phone:	Email Address		

Type of Change: <input type="checkbox"/> Change Plans <input type="checkbox"/> Add Dependents <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Cancel Dependents	Plan Selection <input type="checkbox"/> OAP-In Copay <input type="checkbox"/> OAP-In Coinsurance <input type="checkbox"/> OAP (In & Out of Network) Coinsurance
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Please indicate any changes impacting your eligible dependents below:

<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Spouse Name:	SSN	Date of Birth MM/DD/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Dependent Name:	Relationship to Retiree	SSN	Date of Birth MM/DD/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Cancel	Dependent Name:	Relationship to Retiree	SSN	Date of Birth MM/DD/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female

Other Health Insurance Coverage:

Do you or your dependents have other medical insurance under a group plan, Medicare, or Medicaid? Yes No

If yes, please provide the following:

Name of Person Covered:	Additional Coverage:	Effective Date:
	<input type="checkbox"/> Other Group Plan _____ <input type="checkbox"/> Medicare Part A ID# _____ <input type="checkbox"/> Medicare Part B ID# _____ <input type="checkbox"/> Medicaid	

Retiree Certification: *The information provided above is true to the best of my knowledge.*

If requested, I agree to provide a marriage certificate, my most recent federal tax filing (first page and signature page only), and/or birth certificate(s) in order to verify my relationship with eligible dependents covered on the insurance plan.

Retiree's Signature:

Date:

Email your documents to: HRdocs@arlingtonva.us

Mail your documents to: Benefits; Arlington County Human Resources,
2100 Clarendon Blvd. Ste 511, Arlington, VA 22201