STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
Office of Employee Benefits
One Capitol Hill – 3rd Floor Providence, RI 02908-5890
Phone: (401) 574-8530 | Fax: (401) 574-9281 | Email: DOA.OEB@doa.ri.gov
www.employeebenefits.ri.gov

RETIREE HEALTH COVERAGE ELECTION FORM
STATE POLICE

If you want to select coverage for BOTH retiree and spouse/dependent, or retiree and family (spouse plus dependents), you must fill out a SEPARATE form for each person. If coverage is for two people only, there would be two individual plans. If coverage is for three or more people, there would be one family plan.

- **For RETIREE coverage,** check here ☐ *Complete Sections 1 and 3.*
- **For SPOUSE's or DEPENDENT's coverage,** check here ☐ *Complete Sections 1, 2 and 3.*

Section 1. Retiree Information

Retiree's Name: First Middle Last			Retiree's SSN
Retiree's Address: Street or PO Box City State Zip Code			
Retiree's Phone Number ( )	Retiree's Email Address	Retiree's Date of Birth	Retiree's Sex ☐ Male ☐ Female
Status Change (Event prompting this enrollment application, with supporting documentation)			Date of Event

Section 2. Spouse's/Dependent's Information* *Complete only to elect coverage for your Spouse/Dependent.*

Name: First Middle Last			SSN
Phone Number ( )	Email Address	Date of Birth	Sex ☐ Male ☐ Female

Section 3. Plan Selections

Requested coverage effective date:
(when you want coverage to begin) (must be 1st of month) _____ (MM/DD/YY)

Select plan(s) for enrollment

Medical/Prescription
- ☐ Anchor Plan
- ☐ Anchor Plus Plan
- ☐ Anchor Choice Plan

Dental/Vision
- ☐ Anchor Dental Plan
- ☐ Anchor Vision Plan

- I authorize the Employees' Retirement System of Rhode Island to deduct the required contribution for my health insurance, and my spouse's/family's health insurance if applicable, from my pension check each month.

Retiree's Signature: _____ **Date:** _____

Spouse's/Dependent's Signature: _____ **Date:** _____
(if applicable)

Submit this form via fax (401-574-9281) or email (DOA.OEB@doa.ri.gov).

* If any dependent is not already covered under active employee coverage, please also provide supporting documentation as shown on www.employeebenefits.ri.gov/enrollment/supporting-documentation.php.