

## SPOUSE ENROLLMENT FORM- PREMIUM INFORMATION

As an eligible spouse of a retiree, if you chose to be covered under the Trust's indemnity program, you **MUST** complete and return this form with your payment for the amount indicated below. Otherwise, you will **NOT** have any coverage through the Trust. This includes the prescription drug coverage through Express Scripts. Premiums must be paid from the date of retirement and once payment is received, this will become the effective date of your coverage. **Even if your spouse will be enrolling in the PPO option, please call the Trust Office to determine the amount due for spouse coverage.**

If you choose not to enroll at this time there is an open enrollment every November with coverage to begin January 1<sup>st</sup> of the following year. If you terminate your Trust coverage for any reason, you must wait two years from the following January to be eligible for re-enrollment.

\$ \_\_\_\_\_ for \_\_\_\_\_ month's premiums

This payment will provide spouse coverage through the end of the 1<sup>st</sup> quarter of eligibility. Thereafter, you will receive a quarterly invoice in the amount of \$105.00. You may also elect to sign up for a monthly direct payment of \$35.00 in lieu of quarterly billing. If you are interested in the Direct Payment Plan, please contact our office.

### **Spousal Information:**

Spouse's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Retiree's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Retiree's Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address (If Applicable): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Or Surviving Spouse if applicable)

**RETURN THIS COMPLETED FORM WITH YOUR PAYMENT IN THE AMOUNT INDICATED ABOVE TO:**

G.M.P.-Employers Retiree Trust  
ATTN: Accounting Department  
5245 Big Pine Way SE  
Ft. Myers, FL 33907-5998  
(239)936-6242