

SPOUSE HEALTH INSURANCE 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 Medco Health. 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 1st of the following year.

\$ _____ for _____ month's premiums

This payment will provide spouse coverage through the end of the 1st quarter of eligibility. Thereafter, you will receive a quarterly invoice in the amount of \$105.00

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