2023 HALLMARK RETIREE BENEFITS ENROLLMENT FORM

Please complete this 2-sided enrollment form within 30 days of your date of retire.

Retiree/Surviving Spouse Information

Last Name, First Name, Middle Initial		**Gender**	**Birth Date (MM/DD/YYYY)**
Permanent residence street address (PO Box is not allowed):		**City**	**State** / **Zip**
Mailing Address (only if different from your permanent address):		**City**	**State** / **Zip**
Home Phone	**Hallmark Employee ID**	**Social Security Number (Mercer use only)**	
Date of Hire		**Date of Retirement**	

Spouse/Domestic Partner Information

Last Name, First Name, Middle Initial	
Birth Date (MM/DD/YYYY)	**Gender** ☐ **Female** ☐ **Male**
Social Security Number (/Mercer use only)	

Coverage Plan Choice*

Select which plan you want to enroll in

Medical Plans 15009

- ☐ **United Healthcare High Deductible Plan – Retiree Only (T011) - $844.25**
- ☐ **United Healthcare High Deductible Plan – Retiree & Spouse (T012) - $2026.10**
- ☐ **United Healthcare High Deductible Plan – Retiree & Domestic Partner (T012) - $2026.10**
- ☐ **United Healthcare High Deductible Plan – Spouse Only (T015) – $1181.50**
- ☐ **United Healthcare Traditional Plan - Retiree Only (T111) - $1012.70**
- ☐ **United Healthcare Traditional Plan - Retiree & Spouse (T112) - $2430.80**
- ☐ **United Healthcare Traditional Plan - Retiree & Domestic Partner (T112) - $2430.80**
- ☐ **United Healthcare Traditional Plan - Spouse Only (T115) - $1417.80**
- ☐ **I want to waive Medical/RX coverage***

Dental Plans 15009

- ☐ **Cigna High Option Dental Plan - One Person (D211/5) - $55.12**
- ☐ **Cigna High Option Dental Plan - Two Persons (D21/5) - $106.73**
- ☐ **Cigna Regular Option Dental Plan - One Person (D111/5) - $45.45**
- ☐ **Cigna Regular Option Dental Plan - Two Persons (D112) - $87.37**
- ☐ **I want to waive Dental coverage***

Vision Plans 15009

- ☐ **Cigna Vision Premium Option Plan - One Person (V211/5) - $20.28**
- ☐ **Cigna Vision Premium Option Plan - Two Persons (V212) - $27.00**
- ☐ **Cigna Vision Standard Option Plan - One Person (V111/5) - $14.41**
- ☐ **Cigna Vision Standard Option Plan - Two Persons (V112) - $18.60**
- ☐ **I want to waive Vision coverage**

***Important:** You have a one-time option to waive any coverage for which you are eligible for and enroll later. You must return from waive prior to or when becoming Medicare eligible. To return from waive, you must provide documentation to Mercer showing continuous credible group coverage for all medical plans you(and your spouse if applicable) were enrolled in while not on Hallmark's medical plan. If you cancel coverage after your one-time waive or are dropped due to non-payment, you may not re-enroll in the plan.

91751 A21500 (12/19)

*****SIGNATURE REQUIRED ON THIS PAGE TO ENROLL*****

Payment Options – choose your payment method

☐ **ACH – This is a safe, convenient way to pay your monthly premium without having to write a check. Include a voided check and we will deduct your monthly premiums from your account on the 5th business day each month.**

☐ **Direct Bill – Bills are generated the 1st weekend of each month.**

Signature and Date

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

X_____ _____

Retiree/Surviving Spouse Signature (Required) **Date**

X_____ _____

Spouse Signature (Required if covered) **Date**

There are two options to return the enrollment form:

Please mail the completed form to:

Mercer Health & Benefits Administration LLC, PO Box 14464, Des Moines, IA 50306-3464.

Or

Go to www.hallmarkretireebenefits.com for instructions on how to upload this form.

For customer service: call 877-228-9061, Monday through Friday, 7:00 am to 5:00 pm Central Time.