

**RETIREE**  
**Optional Benefit Change Form**

8/18/2015



Retiree Name \_\_\_\_\_ Empl ID \_\_\_\_\_

DENTAL - MetLife	Single	Family	
Basic	\$21.62	\$53.45	<input type="checkbox"/> Change Dental Family to Single
Premium	\$35.01	\$86.72	<input type="checkbox"/> Change Dental Premium to Basic <input type="checkbox"/> Cancel Dental

VISION - EyeMed	Single	Family	
	\$10.10	\$28.26	<input type="checkbox"/> Change Vision Family to Single <input type="checkbox"/> Cancel Vision

**All Life Insurance Coverage ends at age 70**

**MetLife Life Insurance Coverage Amount**

Basic Life	\$12,500	\$1.81	<input type="checkbox"/> Cancel
Basic Life	\$15,000	\$2.50	<input type="checkbox"/> Cancel
Dependent Life	\$5,000	\$1.75	<input type="checkbox"/> Cancel
Dependent Life	\$10,000	\$3.68	<input type="checkbox"/> Cancel
Dependent Life	\$15,000	\$5.78	<input type="checkbox"/> Cancel

**Supplemental Life Insurance**

Age	Rate per \$1,000	
55 - 59	\$0.37	<input type="checkbox"/> Decrease Supplemental to \$ _____
60 - 64	\$0.55	<b>*Must be reduced in Increments of \$10,000</b>
65 - 69	\$1.05	<input type="checkbox"/> Cancel Supplemental Life

ARAG - Legal Plan	Single	Family	
LawPhone	N/A	\$6.90	<input type="checkbox"/> Change ARAG Family to Single
Ultimate Advisor	\$17.20	\$22.12	<input type="checkbox"/> Cancel ARAG

**MetLife Benefits reduce by 25% at ages 65-69 and by 50% age 70+**

Hospital Indemnity	Low Plan	High Plan	
Employee Only	<input type="checkbox"/> \$ 11.64	<input type="checkbox"/> \$ 17.45	
Employee + Spouse	<input type="checkbox"/> \$ 17.94	<input type="checkbox"/> \$ 26.40	
Employee + Child(ren)	<input type="checkbox"/> \$ 23.51	<input type="checkbox"/> \$ 34.56	
Family	<input type="checkbox"/> \$ 29.49	<input type="checkbox"/> \$ 44.23	

Accident Insurance - MetLife	Low Plan	High Plan	
Employee Only	<input type="checkbox"/> \$ 7.34	<input type="checkbox"/> \$13.65	
Employee + Spouse	<input type="checkbox"/> \$10.92	<input type="checkbox"/> \$20.56	
Employee + Child(ren)	<input type="checkbox"/> \$13.98	<input type="checkbox"/> \$26.29	
Family	<input type="checkbox"/> \$17.81	<input type="checkbox"/> \$33.20	

**Critical Illness Insurance**

CCARE1 - Empl \$15K	<input type="checkbox"/> Cancel Coverage	CCARS1 - Empl + Spouse \$15K	<input type="checkbox"/> Cancel Coverage
CCARE2 - Empl \$30K	<input type="checkbox"/> Cancel Coverage	CCARS2 - Empl + Spouse \$30K	<input type="checkbox"/> Cancel Coverage
CCARE3 - Empl \$50K	<input type="checkbox"/> Cancel Coverage	CCARS3 - Empl + Spouse \$50K	<input type="checkbox"/> Cancel Coverage

**Automobile/Home Owner's Insurance**

Contact provider to change or cancel coverage - "Choice Program" 1-855-212-4277

AUL and Perm Life	<b>DOES NOT end at age 70 and are no longer offered if not currently enrolled</b>	
AUL Life Insurance	Contact provider to change or cancel coverage - "The Johnson Group"	770-496-0355
Perm Life Insurance	Contact provider to change or cancel coverage - "Universal Life Ins - AIG"	770-295-1037

CANCER	<b>Professional and Protective are no longer offered if not currently enrolled</b>	
Professional (PIC)	Contact provider to change or cancel coverage - "Professional Cancer Insurance"	1-800-289-1122
Protective	Contact provider to change or cancel coverage - "Protective Life Insurance"	1-800-866-9933

You may email form to: GRS\_FS@gwinnett.k12.ga.us or Fax form to (678) 301-6275, Attn: GRS Payroll

Gwinnett Retirement System, 437 Old Peachtree Road, NW, Suwanee, GA 30024-2978

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