Instructions for Completing the Commonwealth of Virginia
State Health Benefits Program Enrollment Form for Retirees, Survivors and LTD Participants

Initial Enrollment

- New Retirees must enroll within 31 days of their retirement. Coverage starts on the first day of the first full month of retirement. Failure to enroll within that time limit will forfeit the only opportunity to enroll in retiree group coverage.
- Eligible survivors must enroll within 60 days of the date of the employee's or retiree's participant's death.

During Open Enrollment

Non-Medicare Eligible Retirees and Survivors have the opportunity to enroll or make election changes to their plan during the annual open enrollment period. Such changes will be effective at the start of the new plan year (July 1st). ***Completed forms must be signed and postmarked no later than May 15, 2017.***

Qualifying Mid-Year Events

Certain qualifying mid-year events permit specific election changes outside the Open Enrollment period, including changes to your plan and membership. Your request must be submitted within 60 calendar days of the event. In most cases, the change will be effective the first day of the month following receipt of this form. HIPAA Special Enrollments allow the addition of all eligible family members.

IF YOU ARE USING THIS FORM TO. . .	COMPLETE PART(S) . . .
• Enroll in plan that coordinates with Medicare	A, B, C, E
• Enroll in Non-Medicare State plan	A, B, D, E
• Enroll in *combination* of plans above	A, B, C, D, E
• Change plans and/or type of membership	A, B, C and/or D, E
• Make an Open Enrollment change (non-Medicare participant only)	A, B, D, E
• Waive or cancel participation in the State Health Benefits Program	F
• Waive existing coverage in VSDP/LTD due to open enrollment or a qualifying mid-year event, or cancel VSDP/LTD coverage	A, E
• Enroll in Extended Coverage/COBRA	Use your Election Form, part of your Election Notice.
• Change your address	A, E

IF YOU ARE A…	SEND COMPLETED FORM TO . . .
• New Retiree or New Survivor of Active State Employee • New VSDP or other LTD Participant	The Employing Agency's Benefits Administrator
• Current VRS Retiree or Survivor* • Current VSDP/LTD Participant* * *Including family members who have separate plans from the Enrollee*	Virginia Retirement System P.O. Box 2500 Richmond, VA 23218-2500
• All Other Retirees, Survivors, or LTD Participants (Optional Retirement Plan, Local Retiree, etc.)	Your former Agency's Benefits Administrator