

## Pre-Medicare / Non-Medicare SHARP Form -- 2023

Retiree Name: \_\_\_\_\_ SSN: \_\_\_\_\_

	Retiree Name	Spouse Name
	DOB:	DOB:
	SSN:	SSN:

<b>Pre-Medicare</b>		
Pre-Medicare - \$517/month/person		
<b>Minus</b> Pre-Medicare Earned Credit	-	-
<b>Net</b> Pre-Medicare Cost	\$ 0.00	\$ 0.00

Pre-Medicare Dental/Vision/Hearing- \$105/month/person		
Pre-Medicare Rx - \$154/month/person		
<b>Gross</b> Pre-Medicare DVH and/or Pre-Medicare Rx Cost	\$	\$
<b>Minus</b> PreMedicare Rx/DVH Earned Credit	-	-
<b>Net</b> Cost	\$ -	\$ -
<b>Total</b> Pre-Medicare/DVH/Rx:	\$ 0.00	\$ 0.00

<b>Non-Medicare</b>			
	Dependent Child Name	Dependent Child Name	Dependent Child Name
	DOB:	DOB:	DOB:
	SSN:	SSN:	SSN:
Non-Medicare -- \$154/month/child			
<b>Minus</b> Earned Credit	-	-	-
<b>Net</b> Non-Medicare Cost	\$ 0.00	0.00	0.00

<b>Total Cost for All Options Selected</b>	\$
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**Please enroll me in the SHARP coverage as requested above. I authorize SHARP to deduct monthly contributions based on the options I have selected. If the cost is greater than my pension, I will make advance monthly payments. I understand that:**

- SHARP Pre-Medicare Medical and Prescription Drug options will cease at age 65 when I will be given opportunity to join an exchange option.
- My non-eligible spouse may participate in SHARP, but will receive no financial assistance towards options selected.
- SHARP's Prescription and Pre-Medicare options include calendar year deductibles and maximums, neither of which will be prorated during enrollment year.
- It is my responsibility to notify SHARP when any children enrolled above are no longer eligible to participate.
- The Pre-and Non-Medicare options are part of a PPO network. **The use of out-of-network providers without prior authorization will result in no payment by the Plan.**
- The Pre-Medicare medical option does not include Rx or DVH.
- All service credit and other information will be reviewed by the Retirement Office before finalization. A SHARP representative will contact me to review my selections.
- SHARP does not provide annual or three-year anniversary open enrollments.

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

Effective date of Options Selected: \_\_\_\_\_

**Application must be signed and returned within 30 days of retirement effective date.**

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