

**SHARP DENTAL/VISION/HEARING (DVH)
Enrollment Form -- 2023**

Retiree Name: _____

SSN: _____

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

SHARP DVH (age 65+)

\$105/month/person

Total DVH Cost

\$	-	\$	-
-		-	

Minus SHARP Earned Credit

Total SHARP DVH Cost:

\$	-	\$	-
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Total:

\$	-
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Please enroll me in the SHARP DVH coverage as requested above. I authorize SHARP to deduct monthly contributions from my pension. If there are no monthly pension funds to cover this amount, I will make advance monthly payments. I understand that:

- SHARP provides Medical and Prescription Drug assistance for age 65+ enrollees only through funding into a Healthcare Reimbursement Account (HRA). I will work with Alight Retiree Health Exchange (ARHE) to enroll in a medical and/or prescription plan(s) that best meet my needs separately from this SHARP enrollment.
- Enrollments through ARHE are subject to limited timeframes per Medicare rules. Failure to enroll in a medical or prescription drug plan through ARHE in a timely manner will result in a permanent forfeiture of the HRA.
- For age 65+ enrollees, SHARP only provides a DVH option. I may opt out of DVH now, resulting in a larger contribution to my HRA. I will not have a future DVH open enrollment. SHARP does not provide annual or three-year anniversary open enrollments.
- My non-eligible spouse may participate in SHARP, but will not receive financial assistance towards options selected.
- SHARP's DVH option includes calendar year maximums, which are not prorated during enrollment year.
- Age 65+ enrollees must also enroll directly in Medicare A and B. Medicare rules regarding delayed enrollment in Medicare B (outpatient) or Medicare D (prescription drug coverage) may result in a Medicare premium penalty. It is my responsibility to enroll with Medicare on a timely basis.
- All service credit and other information will be reviewed by the Retirement Office before finalization. A SHARP Assistant will contact me to review my selections.

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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