

## 2023 SHARP ENROLLMENT FORM

### Disability with Medicare Only

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

SSN: \_\_\_\_\_

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

**SHARP Disability with Medicare**

Base - \$45/month/person			
DVH - \$105/month/person			
Rx - \$154/month/person			
<b>Gross Standard SHARP Cost</b>	<b>\$</b>	-	<b>\$</b> -
<b>Minus Standard SHARP Earned Credit</b>	<b>-</b>		<b>-</b>
 Standard SHARP Cost:	 <b>\$</b>	 -	 <b>\$</b> -
<b>Total:</b>			<b>-</b>

**Please enroll me in the SHARP 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 BASE Medical, Dental/Vision/Hearing (DVH) and Prescription Drug (Rx) options. The BASE Medical does not include DVH and Rx, which must be selected independently.
- SHARP BASE Medical and Rx options will cease at age 65 when I will be given an opportunity to join a Medicare exchange option through Alight Retiree Health Solutions.
- My non-eligible spouse may participate in SHARP, but will receive no financial assistance towards options selected.
- SHARP's BASE Medical, Rx and DVH options include calendar year deductibles and/or maximums, neither of which will be prorated during enrollment year.
- If I do not enroll in SHARP DVH now, I will have an open enrollment upon my 65th birthday. SHARP does not provide annual or three-year anniversary open enrollments.
- Upon age 65+ enrollees must 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 employee will contact me to step through my selections.

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

Date \_\_\_\_\_

Effective Date of Options Selected: \_\_\_\_\_

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

Adventist Retirement  
9705 Patuxent Woods Dr  
Columbia, MD 21046

Phone: 443-391-7338  
Fax: 443-259-4880  
[SHARP@nadadventist.org](mailto:SHARP@nadadventist.org)