SHARP DENTAL/VISION/HEARING (DVH)

Enrollment Form -- 2024

Retiree Name: **SSN:**

	Retiree Name	Spouse Name
DOB:		**DOB:**
SSN:	**DO NOT FILL IN**	**SSN:** **DO NOT FILL IN**

SHARP DVH (age 65+)

$105/month/person		
Total DVH Cost	$ -	$ -
Minus SHARP Earned Credit	-	-
Total SHARP DVH Cost:	$ -	$ -
Total:		$ -

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 Ex 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 Solutions (ARHS) to enroll in a medical and/or prescription plan(s) that best meet my needs separately from this SHARP Ex enrollment.
- Enrollments through ARHS are subject to limited timeframes per Medicare rules. Failure to enroll in a medical or prescription drug plan through ARHS in a timely manner will result in a permanent forfeiture of the HRA.
- For age 65+ enrollees, SHARP Ex 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 Ex does not provide annual or three-year anniversary open enrollments.
- My non-eligible spouse may participate in SHARP Ex, but will not receive financial assistance towards options selected.
- SHARP's Ex 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. If my address has changed, I will notify Adventist Retirement.

Retiree Signature **Date**

Effective Date of Options Selected: _____

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

Adventist Retirement
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