Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706

https://www.pebp.nv.gov
Email: memberservices@nvha.nv.gov
Phone: 775-684-7000, 702-486-3100 or
1-800-326-5496

Public Employees' Benefits Program

Retiree Benefit Enrollment and Change Form

Please note: You may be subject to a gap in health insurance benefits if your PERS retirement date is different than the termination date provided to PEBP by your employer.

Effective Date of Change (MM/DD/YYYY)

1. Choose one of the following events:

- ☐ Retirement
- ☐ Medicare Eligibility Change
- ☐ Marriage
- ☐ Divorce
- ☐ Birth or Adoption
- ☐ Name Change
- ☐ Death of Dependent
- ☐ Survivor Election
- ☐ Disabled Retiree
- ☐ COBRA Election (Med/Dent/Vision)
- ☐ Dependent Gains Own Coverage
- ☐ Dependent Loses Own Coverage
- ☐ Establish Domestic Partnership
- ☐ Terminate Domestic Partnership
- ☐ Address Change/Move Outside Coverage Area

2. Participant Information (Please Print Clearly and Legibly)

Social Security Number (Please enter without dashes)

Date of Birth (MM/DD/YYYY)

Male ☐ Female ☐

Last Name

First Name

Middle Initial

Address Line 1

Primary Phone Number (Home or Cell)

Address Line 2

Alternate or Work Phone Number

City

State

Zip Code

Email (Work or Personal)

3. Select Your Healthcare Coverage. *Mark Only One* Box In This Section

- ☐ Consumer Driven Health Plan (CDHP-PPO)
  Includes Health Reimbursement Arrangement (HRA)
- ☐ Low Deductible PPO (LD-PPO)
- ☐ PEBP Exclusive Provider Organization Plan (Northern Nevada EPO)
- ☐ Health Plan of Nevada (Southern Nevada HMO)

Medicare Exchange - Includes HRA for Eligible Retirees Only

- ☐ **WITH** PEBP Dental Coverage
- ☐ **WITHOUT** PEBP Dental Coverage
- ☐ TRICARE for Life - **WITH** PEBP Dental Coverage
- ☐ TRICARE for Life - **WITHOUT** PEBP Dental Coverage

Failure to select an option will default to NO dental coverage

- ☐ I Decline/Waive Coverage for Health Insurance, HRA Funding, Life Insurance and Voluntary Benefits (if applicable)

4. Choose Coverage For:

- ☐ Participant Only
- ☐ Participant + Spouse (P+S)
- ☐ Participant + Participant's Child(ren) (P+C)
- ☐ Participant + Family (P+F)
- ☐ Participant + Domestic Partner (P+DP)
- ☐ Participant + DP's Child(ren) (P+C)
- ☐ Participant + DP's Child(ren) + Participant's Child(ren) (P+C)
- ☐ Participant + DP + DP's Child(ren) (P+F)
- ☐ Participant + DP + Participant's Child(ren) (P+F)
- ☐ Participant + DP + DP's Child(ren) + Participant's Child(ren) (P+F)

5. Do You and/or a Covered Dependent Have (Choose All That Apply or skip):

	YOU	SPOUSE/DP	CHILD
Medicare Part A?	☐	☐	☐
Medicare Part B?	☐	☐	☐
Medicare Part D?	☐	☐	☐
TRICARE for Life?	☐	☐	☐

Please provide PEBP with a copy of any applicable Medicare A+B Card; and if applicable, a copy of the front and back of the Military ID Card for TRICARE.

If you are ineligible for premium free Medicare Part A please provide a copy of your Social Security Benefits Verification Letter.

You may skip this section if not applicable.

PEBP USE ONLY

PLEASE BE SURE TO **SIGN AND DATE** 2nd PAGE BEFORE RETURNING TO PEBP. INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED.

Supporting Documentation For Dependent Coverage Will Be Required.

List only eligible new dependents, dependents to be deleted, or current dependents who require a status change.

☐ Add ☐ Delete ☐ Change

Social Security Number | Date of Birth (MM/DD/YYYY) | ☐ Male ☐ Female

Last Name | First Name | Middle Initial

☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

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☐ Add ☐ Delete ☐ Change

Social Security Number | Date of Birth (MM/DD/YYYY) | ☐ Male ☐ Female

Last Name | First Name | Middle Initial

☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

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☐ Add ☐ Delete ☐ Change

Social Security Number | Date of Birth (MM/DD/YYYY) | ☐ Male ☐ Female

Last Name | First Name | Middle Initial

☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

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Social Security Number | Date of Birth (MM/DD/YYYY) | ☐ Male ☐ Female

Last Name | First Name | Middle Initial

☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

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☐ Add ☐ Delete ☐ Change

Social Security Number | Date of Birth (MM/DD/YYYY) | ☐ Male ☐ Female

Last Name | First Name | Middle Initial

☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

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AUTHORIZATION

I understand I am applying to PEBP for coverage for myself, and my eligible dependent(s), if any, as shown on this form. If electing dependent coverage, I also understand that I am required to supply copies of certified birth certificate(s), marriage certificate, and other related documentation as determined by PEBP, for coverage to become effective. My spouse or DP, if any, is not eligible to participate in any employer provided medical plan maintained by my spouse or DP's current employer. I understand that any misstatements on this form may be used as a basis for rescission of insurance for me and my dependents, if any, from the original effective date. I further understand that if the insurance applied for becomes effective, I will be subject to all the terms of the PEBP Master Plan Document. I hereby authorize PERS to deduct any required contributions from my retirement check, if applicable, for the coverage I have selected. I certify, under penalty of perjury, that the above answers and information are true and that I have read and understand the authorization on this form.

Signature _____ **Date** _____

Please **SIGN and DATE** and return to PEBP by mail **-OR-** online, doing both may delay enrollment.

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Public Employees' Benefits Program

Years Of Service Form

First Day of Retirement (MM/DD/YYYY)

The "First Day Retired" is the first day you are in a retirement status with your retirement plan.

Eligibility for the monthly Years of Service (YOS) premium subsidy or Exchange HRA contribution is determined in accordance with NRS 287.046. To qualify for a YOS premium subsidy or Exchange HRA contribution, the employee's last public employer must have been with the State of Nevada, NSHE, PERS, or a PEBP participating local government employer. The YOS premium subsidy or Exchange HRA contribution is determined by the retiring employee's total years of service from all Nevada public employers as determined by the employee's retirement plan. The YOS premium subsidy or Exchange HRA contribution is based on a minimum of 5 years of earned service credit to a maximum of 20 years; purchased service credit does not apply. Employees with an initial hire date on or after January 1, 2010, must have a minimum of 15 years of earned service credit, except when the retirement occurred under a qualifying disability plan, e.g., PERS or NSHE. Employees hired after January 1, 2012, do not qualify for a YOS premium subsidy or Exchange HRA contribution. To apply for a YOS premium subsidy or an Exchange HRA contribution, please submit this form within 60 days of your retirement effective date. A subsidy will be applied to your premium cost in accordance with Plan Rules upon receipt of verification of the YOS from PERS or other participating retirement plan. The "First Day" entered on this form is the first day you are in retirement status with your retirement plan.

1 Participant Information (Please Print Clearly and Legibly)

Social Security Number (XXX-XX-XXXX)

Date of Birth (MM/DD/YYYY)

Male ☐ Female ☐

Last Name

First Name

Middle Initial

2

Enter the employer code and full name of each of your former Nevada public employers. Employer codes are included on the back of this form. If your former employer is not on the list, please write the full name of the employer without a code. Please list in descending order, starting with the name of your *most recent* Nevada public employer on the first line. **If you worked for various state agencies within the State of Nevada, enter the total years that you worked for all state agencies on one line.**

List the number of years and months you worked for each Nevada public employer.
Do not round days up to the next month. Do not round a month up to the next year.
Example: You worked for the DMV from 03/26/92 (Mar. 1992) to 03/17/98 (Mar.1998) - this is equal to 5 years and 11 months of service.

Employer Code	Employer Name	Years	Months

3

Enter any service credit that was purchased by you or on your behalf:
Note: Do not list repayment of refunded contributions as purchased service credit.

	Years	Months
Purchased:		

I acknowledge that the information provided is true. I understand that my YOS will be calculated based on verification by my retirement plan(s) of service credits earned. Subsidies or Medicare HRA contributions will not be applied until the information provided herein has been verified by my retirement plan(s). I understand that until this audit is received by PEBP I will receive a billing without the subsidy or Medicare HRA contribution (if applicable).

Signature: _____ Date:

Please **SIGN and DATE** and return to PEBP by mail **-OR-** online, doing both may delay enrollment.
Incomplete or incorrect forms will be returned.

3427 Goni Road, Suite 109, Carson City, NV 89706 | Online: https://www.pebp.nv.gov under Contact Us - Supporting Documents

Years of Service Certification Form (YOS)

9999	**State department, division, board, commission, PERS, LCB, Judicial Branch or you are a PERS retiree from the Nevada System of Higher Education**
9856	**Legislative Retirement System**
9857	**Judicial Retirement System**
9858	**Nevada System of Higher Education North (non-PERS)**
9859	**Nevada System of Higher Education South (non-PERS)**

9713	Carson City	9712	City of Boulder	9790	City of Caliente	9785	City of Carlin
9714	City of Elko	9715	City of Ely	9716	City of Fallon	9819	City of Fernley
9860	City of Gabbs	9717	City of Henderson	9718	City of Las Vegas	9818	City of Lovelock
9786	City of Mesquite	9719	City of North Las Vegas	9720	City of Reno	9722	City of Sparks
9816	City of Wells	9724	City of West Wendover	9817	City of Winnemucca	9725	City of Yerington
9711	Churchill County	9727	Clark County	9731	Douglas County	9733	Elko County
9791	Esmeralda County	9737	Eureka County	9740	Humboldt County	9743	Lander County
9746	Lincoln County	9752	Lyon County	9809	Mineral County	9758	Nye County
9763	Pershing County	9771	Storey County	9779	Washoe County	9782	White Pine County
9704	Carson City School District	9709	Churchill County School District	9726	Clark County School District	9729	Douglas County School District
9732	Elko County School District	9735	Esmeralda County School District	9736	Eureka County School District	9739	Humboldt County School District
9742	Lander County School District	9744	Lincoln County School District	9751	Lyon County School District	9753	Mineral County School District
9759	Nye County School District	9761	Pershing County School District	9770	Storey County School District	9777	Washoe County School District
9781	White Pine County School District	9874	100 Academy of Excellence	9803	Academy for Career Education	9800	Andre Agassi College Preparatory Academy
9799	Bailey Charter Elementary School	9873	Carson Montessori School	9726	Clark County Team Academy	9798	Coral Academy of Science Charter School
9801	Explore Knowledge Academy Charter School	9709	Gateways To Success Charter School	9870	Halima Academy	9804	High Desert Montessori School
9792	I Can Do Anything Charter High School	9875	Innovations Charter	9726	Keystone Academy Charter High School	9802	Mariposa Academy of Language and Learning
9777	Nevada Leadership Academy	9872	Nevada State High School	9867	Odyssey Charter School	9876	Rainbow Dreams Academy
9868	Rainshadow Charter School	9871	Sierra Crest Academy	9796	Sierra Nevada Academy	9869	Silver State High School
9777	Team A Washoe Charter School	9842	Austin Volunteer Fire Department	9839	Battle Mountain Volunteer Fire Department	9700	Central Lyon County Fire Protection District
9710	Churchill County Volunteer Fire Department	9721	City of Reno Firefighters	9723	City of Wells Volunteer Fire Department	9829	Elko Volunteer Fire Department
9852	Grass Valley Volunteer Fire Department	9749	Las Vegas Metropolitan Police Department	9828	Lovelock Volunteer Fire Department	9755	No. Lake Tahoe Fire Protection District
9901	Mason Valley Fire District	9699	North Lyon County Fire Protection District	9835	Pershing Volunteer Fire Department	9893	Rye Patch Volunteer Fire Department
9885	Sierra Fire Protection District	9773	Tahoe-Douglas Fire Protection District	9840	Winnemucca Rural Volunteer Fire District	9783	Winnemucca Volunteer Fire Department
9902	Mason & Smith Valley Conservation District	9702	Battle Mountain General Hospital	9705	Carson Tahoe Hospital	9728	Clark County Health District
9738	Grover C. Dils Medical Center	9741	Humboldt General Hospital	9789	Lyon Health Center	9754	Mount Grant General Hospital
9861	Nevada Rural Health Consortium	9760	Nye Regional Medical Center	9878	Pahrump Medical Center	9764	Pershing General Hospital
9775	University Medical Center of Southern Nevada	9780	Washoe County Hospital	9784	William Bee Ririe Hospital	9815	Alamo Sewer & Water General Improvement District
9822	Beatty Water & Sanitation District	9703	Caliente Public Utilities	9850	Canyon General Improvement District	9820	Carson Water Sub. District
9706	Carson-Truckee Water Conservatory District	9707	CC Communications	9806	Clark County Water Reclamation District	9899	Clean Water Coalition
9730	Douglas County Sewer District	9879	Ely Water Department	9882	Fernley Town Utilities	9838	Gardnerville-Ranchos General Improvement District
9853	Gerlach General Improvement District	9837	Indian Hills Improvement District	9841	Kingsbury General Improvement District	9813	Lander County Sewer & Water #2
9745	Lincoln County Power District	9788	Lovelock Meadows Water District	9845	McGill-Ruth Consolidation Sewer & Water General Improvement	9827	Minden-Gardnerville Sanitation District
9880	Mineral County Power	9812	Moapa Valley Water District	9889	Northeast NV Develop	9811	Overton Power District #3
9844	Palomino Valley General Improvement District	9762	Pershing County Water Conservation District	9823	Redevelopment Authority of Sparks	9886	Regional Plan Washoe County
9836	Regional Planning Agency of Washoe County	9765	Regional Transportation Commission	9884	Regional Water Planning	9768	Round Hill General Improvement
9894	RTC of Southern Nevada	9883	So. Nevada Water Authority	9831	Stagecoach General Improvement	9772	Sun Valley General Improvement District
9887	Tahoe Regional Plan	9825	Tahoe-Douglas District	9881	Tonopah Utilities	9890	Tri-County Development Authority
9836	Truckee Meadows Regional Planning Agency	9848	Truckee Meadows Water Authority	9774	Truckee-Carson Irrigation District	9814	Virgin Valley Water District
9776	Walker River Irrigation District	9778	Washoe County Water Conservation District	9862	Boulder City Library District	9849	Henderson District Public Libraries
9750	Las Vegas/Clark County Library District	9826	Elko Convention & Visitor Authority	9747	Las Vegas Convention/Visitor Authority	9767	Reno/Sparks Convention/Visitor Authority
9810	White Pine County Tourism & Recreation Board	9748	Clark County/Las Vegas Housing Authority	9833	Mineral County Housing Authority	9757	Nevada Rural Housing Authority
9748	North Las Vegas Housing Authority	9766	Reno Housing Authority	9748	Southern Nevada Regional Housing Authority	9713	Carson City JRS
9718	City of Las Vegas JRS	9720	City of Reno JRS	9722	City of Sparks JRS	9895	Commission on Judicial Discipline
9731	Douglas County JRS	9737	Eureka County JRS	9746	Lincoln County JRS	9752	Lyon County JRS
9701	Airport Authority of Washoe County	9898	Carson City Airport Authority	9846	Central Dispatch Administrative Authority	9832	Churchill Mosquito Abate District
9843	Conservation District of Southern Nevada	9834	East Fork Swimming Pool District	9888	Elko Area Recreation Commission	9866	Elko Co. School Lunch Program
9808	Elko County Agricultural Association	9892	Lander Co. Fair and Recreation	9891	LV Housing-Force Acct.	9830	Nevada Association of Counties
9863	Nevada Employment Security Department	9851	Nevada Tahoe Conservation District	9807	NEVADAWORKS	9713	RSVP
9877	Rural Bi-Co Delinq. Prev.	9854	Southern Nevada Workforce Investment Board (SNWIB)	9864	Wild Horse Preservation Commission		