



UFLAC BENEFITS

Here for You and Your Family

UFLAC 2018 "Special" Retiree Open Enrollment Form

As a UFLAC Retired member, now is the opportunity to use this form to enroll in the UFLAC benefits offered to you during this special open enrollment.

Please note: The following documents are required to add your dependent(s).
 If you are married, please submit a copy of your marriage certificate., if you have a domestic partner you are required to complete a domestic partner affidavit with LAFPP, and if you have dependent child(ren), please provide a copy of the birth certificate(s). All dependents must have social security numbers.

Member Information		Please Print	
Name	First _____	MI _____	Last _____
EMP ID #		Home Number () _____	
SS Number		Cell Number () _____	
Address	City _____	State _____	Zip _____
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Domestic Partner <input type="checkbox"/>
Email			

Dependent Information				
Name	Relationship	Date of Birth	Social Security #	Gender
	Spouse <input type="checkbox"/>	____/____/____	____/____/____	Male <input type="checkbox"/>
	DP <input type="checkbox"/>	____/____/____	____/____/____	Female <input type="checkbox"/>
	Child <input type="checkbox"/>			
	Spouse <input type="checkbox"/>	____/____/____	____/____/____	Male <input type="checkbox"/>
	DP <input type="checkbox"/>	____/____/____	____/____/____	Female <input type="checkbox"/>
	Child <input type="checkbox"/>			
	Spouse <input type="checkbox"/>	____/____/____	____/____/____	Male <input type="checkbox"/>
	DP <input type="checkbox"/>	____/____/____	____/____/____	Female <input type="checkbox"/>
	Child <input type="checkbox"/>			
	Spouse <input type="checkbox"/>	____/____/____	____/____/____	Male <input type="checkbox"/>
	DP <input type="checkbox"/>	____/____/____	____/____/____	Female <input type="checkbox"/>
	Child <input type="checkbox"/>			

I agree that the above information is correct.

Signature: _____ Date: _____

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UFLAC Dental and Medical Rates shown are before Pension Subsidy	Medical Rates shown are for under age 65 with 25-years of service. If you are Medicare age, please submit a copy of your Medicare card.		
Plan Type	Coverage Self/Member Only	Coverage Self, Plus One Dependent	Coverage Family
Dental			
<input type="checkbox"/> Network DR	<input type="checkbox"/> \$72.00	<input type="checkbox"/> \$104.00	<input type="checkbox"/> \$155.00
<input type="checkbox"/> MetLife DPPO	<input type="checkbox"/> \$75.99	<input type="checkbox"/> \$121.09	<input type="checkbox"/> \$180.96
<input type="checkbox"/> MetLife DHMO	<input type="checkbox"/> \$43.24	<input type="checkbox"/> \$82.27	<input type="checkbox"/> \$82.27
Medical			
<input type="checkbox"/> HMO Select	<input type="checkbox"/> \$1,610.22	<input type="checkbox"/> \$1,632.55	<input type="checkbox"/> \$1,645.01
<input type="checkbox"/> Vivity HMO	<input type="checkbox"/> \$1,667.73	<input type="checkbox"/> \$1,671.74	<input type="checkbox"/> \$1,670.13
<input type="checkbox"/> Prudent Buyer PPO	<input type="checkbox"/> \$1,706.66	<input type="checkbox"/> \$2,082.16	<input type="checkbox"/> \$2,354.64
<input type="checkbox"/> HDHP (PPO)	<input type="checkbox"/> \$1,061.23	<input type="checkbox"/> \$1,653.20	<input type="checkbox"/> \$1,651.42

I hereby authorize the deduction in the amount shown above from my pension payment to cover my premiums assessed by the United Firefighters of Los Angeles City for its duly approved benefit programs. If at any time the amount of said charges shown be changed by agreement between the United Firefighters of Los Angeles City and its benefit program carriers, I hereby authorize the deduction from my pension payment to the United Firefighters of Los Angeles City for this purpose, such sum as may be specified in the revised agreement.

This authorization shall be effective until cancelled by me or the United Firefighters of Los Angeles City.

I agree that the above information and election(s) are correct:

Signature: _____

Date: _____