EMPLOYEES BENEFITS COUNCIL
120 N. Robinson, Suite 1100
Oklahoma City, OK 73102-4003

RETIRED MILITARY ELECTION FORM

Active State Employees who have retired from military service and have federal TRICARE insurance benefits may use this form.

ATTACH YOUR OPTION PERIOD ENROLLMENT FORM OR THE NEW HIRE FORM

PLEASE PRINT: **EFFECTIVE DATE** _____ **1, 200**_____.

Employee Name: _____ **SSN#:** _____

Agency Name: _____ **Agency/Loc #:** _____

In addition to this form, you must complete an annual Option Period Enrollment Form or New Hire Form (if applicable) and submit it with this form to your Agency Benefits Coordinator before the end of the Option Period or your New Hire enrollment period.

Check the box that corresponds with your election:

☐ **Opt out of State health, dental, life and disability coverage and receive no benefit allowance.**
By making this choice, you can still choose premium conversion, vision coverage, and flexible spending account participation. You will not be eligible for or credited with any amount of employee or dependent flexible benefit allowance and none of your dependents will be covered under any state benefit plans.

☐ **Opt out of health insurance coverage only and purchase a TRICARE Supplement Plan.**
By making this choice, you must purchase the TRICARE Supplement Insurance Plan. Your benefit allowance will be calculated using the cost of your TRICARE Supplement plan, average dental costs, life and disability costs. (See the reverse side of this form) You will retain dental, life and disability coverage, and may elect vision and flexible spending account participation. TRICARE will be primarily responsible for your medical coverage and the supplemental plan will be secondarily responsible for coverage. By your election, you submit to the eligibility rules of TRICARE and the TRICARE Supplemental plan. These rules may be different from the rules of eligibility created by the State of Oklahoma. Differences may include, but are not limited to, the following: 1) Coverage for dependents who are full-time students may end at age 23, and 2) Medicare may become the primary insurer upon attaining eligibility for Medicare. Choose your election carefully. Contact TRICARE and the Association and Society Insurance Company for information.

I understand that in order to continue my election above for subsequent Plan Years, I must reapply for the Opt-Out provision each year. If I fail to sign an Opt-Out form and complete a regular "Enrollment Form" I will be re-enrolled in employee-only coverage under the following plans: HealthChoice High Option Medical, HealthChoice Dental, Basic Life Insurance, and Disability Insurance.

Signature: _____ **Date:** _____

Benefits Coordinator: _____ **Date:** _____

Attach a copy of your DD Form 2 (Retired). A copy of both sides of the form is required; your effective retirement date is on the back.