



Your 2017 Open Enrollment Checklist

Retirees Age 65+ (Medicare Eligible)

Check off each of the following as you complete them for 2017 Open Enrollment:

- ☐ Read the **Open Enrollment Fact Sheet**?
- ☐ Reviewed the **Benefits Guide**, including the letter from the Finance Director?
- ☐ Reviewed the **2017 premium rates**?
- ☐ **Read the instructions on how to select a primary care dentist for the Aetna DMO Plan.** You Must Select A Primary Care Dentist For This Plan
- ☐ **If you are over age 65 or Medicare Eligible and currently enrolled in the BCBS HMO Medicare Plan, contact Aetna to opt out of the Aetna Medicare Advantage Plan.** You should receive a confirmation number from Aetna at the end of your call. Be sure to record it for future reference.
- ☐ **Completed the Retiree Enrollment Form to make any coverage changes you would like for 2017?** If you want to keep current coverage selections, you do not have to complete a new Retiree Enrollment Form. Your current coverage will carry over for 2017. If you want to change your plan options for medical dental or vision, add or delete a dependent, you must complete **all** sections of the **Retiree Enrollment Form** and return to the Pension Office postmarked by **October 14, 2016.** Return to: Fulton County Pension Office, 141 Pryor Street, SW, Suite 7001, Atlanta, GA 30303.
- ☐ **Made copies of supporting documentation for new dependents**, if applicable, to include when you return your Retiree Enrollment Form?
- ☐ **If you are over age 65 or Medicare Eligible, completed the Part B Affidavit**, to include when you return your Retiree Enrollment Form? You must write in your Medicare ID (HCN)—a 10-digit number followed by a letter. You must also indicate your Medicare Part A and Part B eligibility effective dates.
- ☐ **Made a copy of your and/or your spouse's Medicare card(s)**, to return along with your Retiree Enrollment Form?
- ☐ **Updated your address** with the Pension Office, if it has changed recently? Contact Tonja Perry at (404) 612-4229 or email tonja.perry@fultoncountyga.gov **only** if you need to change your address.
- ☐ **Read the Power of Attorney insert**?