

South Dakota Retiree Group Health Benefit Plan - Age 65+  
(Underwritten provided by Bankers Life and Casualty Company under group contract)  
PMB 0141-1-Bureau of Human Resources  
500 E Capitol Ave Pierre, SD 57501-5070  
Phone: 605.773.3148 Fax: 605.773.6840

\*\*\* See information listed on the back of this form\*\*\*

APPLICANT'S NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Gender:  Male  Female EMAIL: \_\_\_\_\_

**MEDICARE INFORMATION (copy information exactly from the applicant's Medicare Card)**

MEDICARE IDENTIFICATION NO: \_\_\_\_\_

PART A HOSPITAL INSURANCE EFFECTIVE DATE: \_\_\_\_\_

PART B MEDICAL INSURANCE EFFECTIVE DATE: \_\_\_\_\_

REQUESTED EFFECTIVE DATE: \_\_\_\_\_

**SELECT ONE COVERAGE OPTION:**

The benefits are the same for Option 1 & 2, however, Option 2 has an additional \$250 Part B Annual Deductible.  
If you elect Option 2 during your initial/annual enrollment period, you will no longer have the opportunity to elect Option 1.

Option 1 - \$0 Part B Deductible Plan  Option 2 - \$250 Part B Deductible Plan

Option 3 - I waive coverage and understand I will not have another opportunity to elect coverage.

**METHOD OF PAYMENT**

Deduct contributions from **MY** monthly SDRS (Retirement check) benefit.

Deduct contributions from **MY SPOUSE'S** monthly SDRS benefit.

(MY SPOUSE'S SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)(SPOUSE'S SIGNATURE: \_\_\_\_\_)

Deduct contributions from a bank account under the Direct Payment Plan.

(OVER)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I authorize release of all Medicare Part A and Part B claims information from any source for the purpose of processing my claims. This authorizes release of my Medicare claims information from the effective date of my coverage until termination of my coverage.

I authorize the South Dakota Retirement System (SDRS) to release to the South Dakota Bureau of Human Resources my address, phone number, and/or email on file for the purpose of the Bureau of Human Resources contacting me regarding my health insurance, life insurance, and/or flexible benefits.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### INFORMATION YOU NEED TO KNOW.

- You are only allowed one policy or certificate that provides coverage supplemental to Medicare.
  - If you have another Medicare supplement or health insurance policy or certificate in force and want the retiree coverage underwritten by Bankers Life and Casualty Company, contact the State of South Dakota Benefits Program for eligibility requirements.
- If you are 65 or older, you may be eligible for benefits under Medicaid and may not need insurance coverage to supplement Medicare.
  - For more information on Medicaid, contact the Social Security Administration at 1-800-772-1213.
  - If you are covered by Medicaid and want the retiree coverage underwritten by Bankers Life and Casualty Company, contact the State of South Dakota Benefits Program for eligibility requirements.
- The benefits and premiums under supplemental coverage to Medicare will be suspended during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your coverage will be reinstated if requested within 90 days of losing Medicaid eligibility.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement or retiree insurance coverage and concerning Medicaid.
  - For more information on Medicare, visit SHIINE at [www.SHIINE.net](http://www.SHIINE.net).