HUMAN RESOURCES
The UNIVERSITY *of* OKLAHOMA

Retiree One-Time Medical Coverage Opt-Out Form

1 Retiree Information

Last Name:	First Name:	Middle Initial:
Employee ID:	Date of Birth:	Gender:
SSN:	Phone:	
Email Address:		
Please select the OU campus you are associated with: ☐ Norman Campus ☐ Health Sciences Center		
Retirement Date:	Insurance Effective Date:	

2 To be Completed by the Retiree

A Summary of the One-Time Opt-Out Option

1. You must provide proof of other medical coverage before you can opt-out of the OU retiree medical plan. Include this documentation when you return this form.

2. If you elect to opt-out, your dependent(s) must also opt-out. You cannot split this option.

3. Only the dependents that opted out with you can return to the plan with you. When you return to the OU retiree medical plan, you may not add a spouse or dependents gained during your opt-out period.

4. You and dependents returning to the medical plan will be required to provide proof of continuous group medical coverage for the twenty-four (24) month period prior to rejoining the OU retiree medical plan.

5. In the event of your death, your surviving spouse and dependents may return to the plan if they were on the OU retiree medical plan when you opted out. They must return to the plan within six months of your death.

☐ I choose to exercise my one-time option to opt-out of OU retiree medical coverage. By signing below, I acknowledge and understand the terms and conditions of the one-time opt-out provision.

Print Your Name Here:	
Sign your Name Here:	Date:

3 To be Completed by Human Resources

Plan Participation at the Time of Opt-Out

Medical:	Dental:
☐ Active PPO ☐ Active HDHP ☐ Pre-65 PPO ☐ Pre-65 HDHP ☐ Medicare Advantage Plan ☐ Medicare Senior Supplement + Part D ☐ Medicare Part D Only	☐ Basic Plan ☐ Alternate Plan Vision: ☐ Standard Plan ☐ Premium Plan

Life Insurance: ☐ Yes ☐ No

Life Insurance Amount: $_____

Dependents Enrolled at the Time of Opt-Out

Coverage	Name	Relationship	Gender	Date of Birth	SSN
☐Medical ☐Dental ☐Vision					
☐Medical ☐Dental ☐Vision					
☐Medical ☐Dental ☐Vision					
☐Medical ☐Dental ☐Vision					

HR Representative:	Date:

Complete all sections of this form and return this signed document to your local Retirement Office:

Norman Campus Retirees	**Health Sciences Center**
Office of Human Resources 905 Asp Avenue, NEL 205 Norman, OK 73019 (405) 325-1826	Office of Human Resources 865 Research Park, Suite 270 Oklahoma City, OK 73104 (405) 271-2180