

**University of Oklahoma Human Resources
Retiree Benefits Eligibility Verification And One-Time Medical Coverage Opt-Out Form**

Section 1: To be completed by OU Human Resources			
Last Name:		First Name:	
SSN:		Employee ID:	
Classification: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Retiree			
<input type="checkbox"/> This individual IS eligible for university retiree benefits because of (mark all that apply): <input type="checkbox"/> Service retirement eligibility <input type="checkbox"/> Disability retirement <input type="checkbox"/> Proof of creditable coverage (required to opt-out or return to plan)			
<input type="checkbox"/> The individual IS NOT eligible for university retiree benefits and may ONLY purchase basic medical and dental coverage through the university at ____ % of the cost.			
The basis of this determination is as follows:			
Date of retirement or termination:			
Birth Date:	Age:	Hire Date:	Years of Service:
Remarks:			
Medical Plan:	Dental Plan:	Life:	
HR Representative:			Date:

Section 2: Employee/Retiree signs and returns this form to:		
<input type="checkbox"/> OU Human Resources-Health Sciences Center P.O. Box 26901 Oklahoma City, OK 73126	<input type="checkbox"/> OU Human Resources-Norman 905 Asp Avenue, Room #242 Norman, OK 73019	<input type="checkbox"/> OU Human Resources-Tulsa 4502 E 41 st Street, Room 2C11 Tulsa, OK 74135-2512

To be read and signed by the individual requesting the one-time opt-out.
 Complete terms and conditions of the one-time opt-out option can be found in the Retiree section of the OU Human Resources website at www.hr.ou.edu.

A Summary of the One-Time Opt-Out Option:

1. You must provide proof of other medical coverage before you can opt-out of OU retiree medical. 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 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 medical coverage for the twenty-four (24) month period prior to rejoining the OU plan.
5. In the event of your death, your surviving spouse and dependents may return to the plan if they were on the OU plan when you opted out. They must return to the plan within six months of your death.

<input type="checkbox"/> 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:	Effective Date:
➔ Sign Your Name Here:	Signature Date:

Office Use Only: To be completed by OU Human Resources	
Date retiree returns to OU retiree medical coverage: <input type="checkbox"/> Proof of Creditable Coverage provided.	
HR Representative:	Date: