



# Washington Teachers' Union

FULFILLING THE COMMITMENT TO BUILD GREAT MINDS

Please Note: Unfortunately, we were not able to prevent the costs from rising somewhat.

## RETIREE MEMBERSHIP AND BENEFITS APPLICATION

If you retired in the calendar year 2017, please complete the form directly below.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Male \_\_\_ Female \_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

If you retired in the calendar year 2017 and want to continue dental and vision coverage, you must pay the pro-rated fee (not the full rate) for dental and vision benefits along with WTU Retiree Chapter Dues for the remainder of 2017. Please refer to the attached pro-rated chart for the amount you must pay.

**You must also enroll for 2018 dental and vision benefits during open enrollment in November 2017. If you miss the open enrollment period, you may be dropped from your plan and must wait until the next open enrollment period to re-enroll.**

## MEMBERSHIP DUES

### Retiree Chapter Membership Dues     \$55

\*Please note, you MUST pay retiree dues to be eligible for Dental and/or Vision benefits.

## 2017 VISION and DENTAL BENEFITS

### 2017 VISION Prorated Premium

Check the month you would like benefits to begin

<u>Month</u>	<u>Premium</u>
<input type="checkbox"/> January	\$203.28
<input type="checkbox"/> February	\$186.34
<input type="checkbox"/> March	\$169.40
<input type="checkbox"/> April	\$152.46
<input type="checkbox"/> May	\$135.52
<input type="checkbox"/> June	\$118.58
<input type="checkbox"/> July	\$101.64
<input type="checkbox"/> August	\$84.70
<input type="checkbox"/> September	\$67.76
<input type="checkbox"/> October	\$50.82
<input type="checkbox"/> November	\$33.88
<input type="checkbox"/> December	\$16.94

### 2017 DENTAL Prorated Premium

- 1) Check the month for benefits to begin
- 2) Circle either **Single** or **Family** option
- 3) Circle either **In-Network Only** or **PPO** plan

<u>Month</u>	<u>Single</u>	<u>Family</u>
<input type="checkbox"/> January	\$414.96	\$829.92
<input type="checkbox"/> February	\$380.38	\$760.76
<input type="checkbox"/> March	\$345.80	\$691.60
<input type="checkbox"/> April	\$311.22	\$622.44
<input type="checkbox"/> May	\$276.64	\$553.28
<input type="checkbox"/> June	\$242.06	\$484.12
<input type="checkbox"/> July	\$207.48	\$414.96
<input type="checkbox"/> August	\$172.90	\$345.80
<input type="checkbox"/> September	\$138.32	\$276.64
<input type="checkbox"/> October	\$103.74	\$207.48
<input type="checkbox"/> November	\$69.16	\$138.32
<input type="checkbox"/> December	\$34.58	\$69.16

### **In-Network Only Plan or PPO Plan**

You must circle one

**TOTAL 2017 Coverage Cost = \_\_\_\_\_** (\$55 + Dental Premium + Vision Premium)

**Notice:** You will also be required to enroll in 2018 Membership, Vision and Dental benefits during open enrollment for the 2018 year. Open enrollment for 2018 is **November 1– 30, 2017**. If you miss that enrollment period for 2018 benefits, you will not receive coverage during 2018 and will have to wait for the next open enrollment period to obtain Dental and Vision benefits. You can find the 2018 enrollment package on our website [www.wtulocal6.org](http://www.wtulocal6.org).

THIS IS NOT A HEALTH INSURANCE PLAN. THIS PLAN COVERS ONLY DENTAL AND/OR VISION BENEFITS, DEPENDING ON YOUR ELECTION.

# FAMILY/DEPENDENT INFORMATION

You may photocopy and complete this portion of the form to include more than three dependents

## Dependent 1

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

SSN: \_\_\_\_\_

Relationship: Spouse\_\_\_\_ Child\_\_\_\_ Domestic Partner\_\_\_\_ Child of Domestic Partner \_\_\_\_

Date of Birth: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

Disabled? No\_\_\_\_Yes\_\_\_\_

Full time student? No\_\_\_\_Yes\_\_\_\_

**\*\*Verification:** Please attach a copy of one of the following forms of verification

**Child:** Birth certificate  
**Adopted child:** Adoption certificate  
**Spouse:** Marriage certificate  
**Child of domestic partner:** Marriage certificate and birth certificate

## Dependent 2

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

SSN: \_\_\_\_\_

Relationship: Spouse\_\_\_\_ Child\_\_\_\_ Domestic Partner\_\_\_\_ Child of Domestic Partner \_\_\_\_

Date of Birth: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

Disabled? No\_\_\_\_Yes\_\_\_\_

Full time student? No\_\_\_\_Yes\_\_\_\_

**\*\*Verification:** Please attach a copy of one of the following forms of verification

**Child:** Birth certificate  
**Adopted child:** Adoption certificate  
**Spouse:** Marriage certificate  
**Child of domestic partner:** Marriage certificate and birth certificate

## Dependent 3

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

SSN: \_\_\_\_\_

Relationship: Spouse\_\_\_\_ Child\_\_\_\_ Domestic Partner\_\_\_\_ Child of Domestic Partner \_\_\_\_

Date of Birth: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

Disabled? No\_\_\_\_Yes\_\_\_\_

Full time student? No\_\_\_\_Yes\_\_\_\_

**\*\*Verification:** Please attach a copy of one of the following forms of verification

**Child:** Birth certificate  
**Adopted child:** Adoption certificate  
**Spouse:** Marriage certificate  
**Child of domestic partner:** Marriage certificate and birth certificate

## PAYMENT

Please make checks payable to WTU Retiree Chapter. Your enrollment will not be processed until payment is received. Please remember to include enrollment application with check or money order.

**Mail To:** Membership Department-Retiree Benefits  
1239 Pennsylvania Ave, SE  
Washington, DC 20003

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please call the Membership Department at 202-293-8600 if you have questions.**