



Washington Teachers' Union

Amplifying the Voice of DC Teachers

Elizabeth A. Davis, President

1239 Pennsylvania Avenue S.E. • Washington, DC 20003 • 202.517.1477 • www.wtulocal6.org

NEW RETIREE MEMBERSHIP AND BENEFITS APPLICATION

Only complete this form if you retired in the calendar year 2018

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 2018 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 2018. Please refer to the attached pro-rated chart for the amount you must pay.

You must also enroll for 2019 dental and vision benefits during open enrollment in November 2018. 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.

2018-19 MEMBERSHIP DUES

Retiree Chapter Membership Dues \$55

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

2018-19 VISION and DENTAL BENEFITS

2018 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

2018 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 2018 Coverage Cost = _____ (\$55 + Dental Premium + Vision Premium)

Notice: You will also be required to enroll in 2019 Membership, Vision and Dental benefits during open enrollment for the 2018 year. Open enrollment for 2019 is **November 1– 30, 2018**. If you miss that enrollment period for 2019 benefits, you will not receive coverage during 2019 and will have to wait for the next open enrollment period to obtain Dental and Vision benefits.

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. 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.