FBMC
BENEFITS MANAGEMENT

RETURN FORMS TO:
FBMC RETIREE & DIRECT BILL - Attn: Mail Slot 32
PO Box 10789 Tallahassee, FL 32302-2789
Direct Bill Fax: 866-836-9943 || Email: DirectBill@FBMC.com

2024 OVER 65 RETIREE ENROLLMENT FORM

DUVAL COUNTY PUBLIC SCHOOLS

January 1, 2024 - December 31, 2024

PLEASE WRITE IN ALL CAPITAL LETTERS WITH A PEN.

1. RETIREE INFORMATION

LAST NAME	FIRST NAME	MI	SSN

HOME ADDRESS: STREET	CITY	STATE	ZIP

BIRTH DATE: MM/DD/YY	☐ MALE ☐ FEMALE	☐ MARRIED ☐ SINGLE	HOME PHONE #	RETIREMENT DATE

CELL PHONE #	EMAIL ADDRESS

2. INSTRUCTIONS

Retirees: This form is only required if you are making changes. Subject to your continued eligibility, your elections will continue in the following plan years unless you change them. If you make any changes, you must complete the enrollment form in its entirety. **Medical Insurance and/or Standard Life Insurance cannot be elected if previously canceled**. You can cover your dependents under every benefit that specifies dependent coverage, as long as your dependents are currently covered and you participate in the same benefit. In the event you pass away while covering a dependent spouse and/or child(ren), coverage for the dependent(s) will terminate at the end of the month in which you pass away UNLESS the dependent is also a DCPS retiree. The dependent(s) will be extended the option of continuing coverage through COBRA.

3. FLEXIBLE BENEFITS

Indicate all benefit selections by entering the necessary information below. Dependent eligibility is limited to the same benefit categories and amounts selected by the Retiree. If you elect dependent coverage in any benefit, you must provide dependent information in Section 4.

DENTAL CARE	DeltaCare USA (Florida Residents Only) Facility #_____	DeltaCare USA (Non-Florida Residents Only)	Delta Dental PPO		PREMIUM
Retiree Only	☐ $21.53	☐ $29.91	☐ $37.96		
Retiree + 1	☐ $36.06	☐ $49.81	☐ $75.62		
Retiree + Family	☐ $53.06	☐ $73.43	☐ $97.94	☐ CANCEL	$ _____

VISION CARE		Premiere Plan	Low Plan		PREMIUM
Davis Vision	Retiree Only	☐ $7.62	☐ $5.83		
	Retiree + 1	☐ $16.28	☐ $12.52		
	Retiree + Family	☐ $23.08	☐ $17.75	☐ CANCEL	$ _____

HEARING CARE				PREMIUM
Ameritas - SoundCare®	Retiree Only	☐ $6.00	☐ CANCEL	$ _____
	Retiree + Spouse	☐ $12.00		
	Retiree + Child(ren)	☐ $9.00		
	Retiree + Family	☐ $15.00		

IDENTITY THEFT PROTECTION					PREMIUM
ID Commander	Premium Plan	☐ Retiree Only $7.00	☐ Retiree + Family $15.00	☐ CANCEL	$ _____
	Ultimate Plan	☐ Retiree Only $10.50	☐ Retiree + Family $22.50		

IT TECHNOLOGY SUPPORT				PREMIUM
IT Please	Unlimited Support Plan	☐ Retiree Only $10.00	☐ CANCEL	$ _____
	Unlimited Plus Support Plan	☐ Retiree Only $14.00		

PET Rx				PREMIUM
PetPlus	☐ Single Pet $4.50	☐ Multiple Pets $8.50	☐ CANCEL	$ _____

TOTAL $ _____

If you have an existing policy with Allstate, Unum, Aflac, or Trustmark and wish to change or cancel coverage, you must contact the providers directly. See the Retiree Reference Guide for contact information. Current premiums for voluntary benefits reflected on Current Benefits statement will continue until notification of a change from the Provider Company.

Please see reverse side for dependent information.
Your signature is required on the back of this form in order to confirm your benefits.

4. DEPENDENT INFORMATION

DEPENDENT NAME (PRINT CLEARLY)	RELATION	DATE OF BIRTH MM/DD/YY	SOCIAL SECURITY #	DENTAL	DENTAL FACILITY#	VISION	HEARING

5. SIGNATURE

I UNDERSTAND THAT I CANNOT CHANGE MY ELECTIONS UNDER THIS AGREEMENT DURING THE PLAN YEAR UNLESS THERE IS A PERMITTED MID-PLAN YEAR ELECTION CHANGE EVENT AS DEFINED IN THE RETIREE BENEFITS REFERENCE GUIDE. I UNDERSTAND AND AGREE THAT DCPS, THE UNION, AND FBMC BENEFITS MANAGEMENT INC., WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATION IN ANY OF THE BENEFITS HEREIN OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM.

STATE LAWS REQUIRE AGENCIES THAT ARE REQUIRED TO COLLECT SOCIAL SECURITY NUMBERS (SSN) TO DISCLOSE THE PURPOSE FOR COLLECTING THE SSN. DUVAL COUNTY PUBLIC SCHOOLS IS ALLOWED TO COLLECT SSN'S WHEN SPECIALLY AUTHORIZED BY LAW TO DO SO, OR WHEN THE COLLECTION IS IMPERATIVE FOR THE PERFORMANCE OF THE DISTRICT'S DUTIES AND RESPONSIBILITIES. PURSUANT TO FEDERAL AND STATE LAWS, THE DISTRICT IS COLLECTING YOUR SOCIAL SECURITY NUMBER FOR THE PURPOSE OF PROCESSING RETIREE AND DEPENDENT BENEFITS; THIS COLLECTION IS MANDATORY. IF YOU DO NOT PROVIDE US YOUR SSN, DCPS CANNOT PROCESS YOUR APPLICATION/REQUEST. DUVAL COUNTY PUBLIC SCHOOLS WILL NOT DISCLOSE YOUR SSN TO ANYONE OUTSIDE OF THE DISTRICT EXCEPT AS AUTHORIZED BY LAW.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. F.S. SECTION 817.234 (1) (b).

RETIREE PARTICIPANT SIGNATURE	DATE