

Spouse/Surviving Spouse Signature: _____ **Date:** _____
 (Required if enrolling)

If you are the authorized representative, please provide the following information:

Name: _____

Address: _____

Phone: _____ Relationship to Retiree: _____

2010 DALRC Retiree Benefit Plan Elections

Please indicate below the coverage(s) in which you wish to enroll. The effective date of your coverage will be the first of the month following your signature date, but not prior to the month in which you turn 65. If you turn 65 on the 1st of the month, your coverage is effective on the 1st of the month prior to your 65th birthday.

MEDICAL/PRESCRIPTION DRUG CHANGE INFORMATION – Check the appropriate box(es). Retiree and spouse must have the same level of coverage. *Monthly premium rate reflects your cost after the Delta subsidy is applied.		
Please change my medical/prescription plan to:	2010 Monthly Premium*	
Medical with Emerald Rx Plan	Plan A	Plan D
Retiree	<input type="checkbox"/> \$235.81 (WAX1, RM01)	<input type="checkbox"/> \$275.81 (WDX1, RM01, ED91)
Retiree & Spouse	<input type="checkbox"/> \$471.62 (WAX1, WAX5, RM02)	<input type="checkbox"/> \$551.62 (WDX1, WDX5, RM02, ED92)
Spouse/Surviving Spouse	<input type="checkbox"/> \$235.81 (WAX5, RM05,)	<input type="checkbox"/> \$275.81 (WDX5, RM05, ED95)
Medical with Opal Rx Plan	Plan A	Plan D
Retiree	<input type="checkbox"/> \$148.78 (WAX1, RM11)	<input type="checkbox"/> \$188.78 (WDX1, RM11)
Retiree & Spouse	<input type="checkbox"/> \$287.56 (WAX1, WAX5, RM12)	<input type="checkbox"/> \$377.56 (WDX1, WDX5, RM12)
Spouse/Surviving Spouse	<input type="checkbox"/> \$148.78 (WAX5, RM15)	<input type="checkbox"/> \$188.78 (WDX5, RM15)
Provided at no additional premium with your Medical/Prescription Plan: <ul style="list-style-type: none"> - Health Advocate - Identity Protection Support Service - Travel Assistance Program - EstateGuidance On-Line Will Preparation - Hearing Service Discount Plan 		

*Monthly premium rate reflects your cost after the Delta subsidy is applied

** When enrolling in the Medical/Rx plan your Medicare # is required.

Vision Plan Information – Check the appropriate box.		
Vision Plan	<input type="checkbox"/> Retiree (V001)	\$6.06
	<input type="checkbox"/> Retiree & Spouse (V002)	\$11.45
	<input type="checkbox"/> Spouse only/Surviving Spouse (V005)	\$6.06
Dental Plan Information – Check the appropriate box.		
PPO	<input type="checkbox"/> Retiree (D401)	\$40.53
	<input type="checkbox"/> Retiree & Spouse (D402)	\$81.82
	<input type="checkbox"/> Spouse only/Surviving Spouse (D405)	\$40.53
DHMO*	<input type="checkbox"/> Retiree (D001)	\$21.33
	<input type="checkbox"/> Retiree & Spouse (D002)	\$42.46
	<input type="checkbox"/> Spouse only/Surviving Spouse (D005)	\$21.33

* The Dental HMO is not available in the following states: AK, HI, ME, MT, NV, NH, NM, ND, PR, RI, SD, VI, VT, WV and WY.

Please return entire form to:
DALRC Benefit Plan
P.O. Box 14464, Des Moines, IA 50306-9468
OR
Fax to 1-515-365-1520
OR
Via the website at www.DALRCbenefitplans.com

Important Information about Medicare Part D – Low Income Subsidy:

You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to your Medicare prescription drug costs. Medicare provides this program for people who have limited income and resources. If you qualify, this assistance will count toward your out-of-pocket costs. You may qualify if your yearly income in 2008 was less than \$15,600 (single with no dependents) or \$21,000 (married and living with your spouse with no dependents), and your resources are less than \$11,990 (single) or \$23,970 (married and living with your spouse). Resources include savings and stocks but not a home or car. **If you aren't getting extra help, here's how to find out if you qualify:**

- Call the Social Security Administration at **1-800-772-1213**, 7 a.m. to 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778**, or
- Visit www.socialsecurity.gov (click on Medicare" then "Learn about getting help with prescription drug costs"), or
- Apply at your State Medical Assistance (Medicaid) office