

2025 FCG Retiree Health Benefit Enrollment

IMPORTANT: All Medicare-eligible participants must enroll in the CareFirst BCBS Group Advantage (PPO) Plan.
If you or your spouse are eligible for Medicare, please complete the CareFirst Enrollment Form
or contact Retiree First at (301) 685-3471 to assist with your enrollment.

ENROLLMENT TYPE

<input type="checkbox"/> New Enrollment	MEDICAL PLAN ENROLLMENT (Med)	DENTAL PLAN ENROLLMENT (Den)	VISION PLAN ENROLLMENT (Vis)
<input type="checkbox"/> Mid-Year Enrollment Change	<input type="checkbox"/> Cigna OAP In-Network Plan (Non-Medicare Eligible Plan)	<input type="checkbox"/> Cigna Basic PPO Dental Plan	<input type="checkbox"/> VSP Vision Plan
<input type="checkbox"/> Open Enrollment Change	<input type="checkbox"/> Cigna High Deductible Plan (Non-Medicare Eligible Plan)	<input type="checkbox"/> Cigna Enhanced PPO Dental	
<input type="checkbox"/> Cancel Coverage	CareFirst BCBS Group Advantage (PPO) Complete CareFirst Enrollment Form	<input type="checkbox"/> Cigna Dental HMO	

RETIREE INFORMATION

Social Security Number		Retirement Date		Effective Date/Change Date	
Last Name		First Name	MI	Date of Birth	Gender
Street Address (*Residential address required if electing Cigna TrueChoice Medicare (PPO))			City	State	Zip
Primary Phone Number	Email Address			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

DEPENDENT INFORMATION (You may only include a spouse and/or dependent(s) who were enrolled at the time of retirement)

Action	Last Name	First Name	MI	Sex	Birthdate	Relationship**	Plan Enrollment
<input type="checkbox"/> Enroll						Spouse	<input type="checkbox"/> Cigna OAP In-Network Plan
<input type="checkbox"/> Cancel	Select Benefit(s) <input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	Social Security Number:					<input type="checkbox"/> Cigna High Deductible Plan
							CareFirst BCBS Group Advantage (PPO) Complete CareFirst Enrollment Form
<input type="checkbox"/> Enroll						Child	Disabled Child?
<input type="checkbox"/> Cancel	<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	Social Security Number:					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Enroll						Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cancel	<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	Social Security Number:					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Enroll						Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cancel	<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	Social Security Number:					<input type="checkbox"/> Yes <input type="checkbox"/> No

**For court ordered dependent, legal documentation must be attached. If dependent does not reside with eligible retiree, please provide address on separate sheet.

CONDITIONS OF ENROLLMENT

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, THE INSURANCE COMPANY MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

I confirm that the information I have provided on this form is complete and accurate.

I understand that the benefit plan that I have selected may provide reimbursement for certain benefit related costs, which are more fully described in the current Benefits Summary and Certificates of Coverage. I understand there may be instances where treatment decisions made by my health care provider or me, or health care expenses which I have incurred, may not be covered by my benefit plan(s).

Employee Signature: _____ Date: _____

Effective November 2024

Return To: Frederick County Government
Attn: Human Resources
12 E Church Street
Frederick, MD 21701

Fax No. (301) 600-2314

Email (Preferred) Retirement@FrederickCountyMD.gov