

**Broward Sheriff's Office Retiree Aetna CHANGE or CANCEL - Dental and Vision**

Return completed Form to BSO Employee Benefits: Fax 954-321-4530 -OR- Email: BSO\_RetireeBenefits@sheriff.org

Mail: Broward Sheriff's Office Attn: HR/Employee Benefits

2601 W Broward Blvd, Ft. Lauderdale, FL 33312

<b>RETIREE INFORMATION</b>		<input type="checkbox"/> "X" if this is a NEW Address	
Required Last Name	Required First Name	M.I.	CCN
Required Street Address	Required City and State	Zip Code	
Required Social Security	Required Contact Telephone	Date of Retirement	Effective Date

**NOTE: You will be billed the full Aetna premium (dental and/or vision) by Benefits Outsource, Inc.**

<b>PLAN SELECTION</b>				<p align="center"><b>Dental and/or Vision cancellation - please check the "PLAN SELECTION" box(es) AND sign below.</b></p>
<b>"X" Plan to be CHANGED or CANCELLED</b>				
<b>X</b>	<b>Aetna Plans</b>	<b>Single</b>	<b>Family</b>	
<input type="checkbox"/>	<b>Dental DMO</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Dental PPO</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Dental Indemnity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<p>You are NOT eligible to re-enroll in Aetna Dental and/or Vision once coverage is cancelled.</p>
<input type="checkbox"/>	<b>Vision</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature for <b>CANCELLATION</b> ONLY:				<p>Date:</p>

**Retiree and/or DEPENDENT INFORMATION: Required to add, change or delete dependents**

Required Add / Change / Delete	Required Last Name	Required First Name	Required Gender	Required Date of Birth	Required Social Security Number
<b>X</b>	Retiree - Required		<input type="checkbox"/> M <input type="checkbox"/> F	Required	Required
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Spouse - If adding, requires proof of relationship		<input type="checkbox"/> M <input type="checkbox"/> F	Required	Required
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Domestic Partner - If adding, requires proof of relationship		<input type="checkbox"/> M <input type="checkbox"/> F	Required	Required
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Child - If adding, requires proof of relationship		<input type="checkbox"/> M <input type="checkbox"/> F	Required	Required
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Child - If adding, requires proof of relationship		<input type="checkbox"/> M <input type="checkbox"/> F	Required	Required
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Child - If adding, requires proof of relationship		<input type="checkbox"/> M <input type="checkbox"/> F	Required	Required

Dependent children eligible to age 26. Coverage terminates December 31st of the year they turn 26.

**Proof of Relationship - Marriage Certificate OR Domestic Partner Certificate, Birth Certificate for Dependent Children**

<b>Required Retiree Signature</b>	<b>Required Date</b>
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**To be COMPLETED by Employee Benefits (PLEASE PRINT numbers CLEARLY)**

*Revised 10/2019*

<b>X</b>	Aetna Plan	Tier Fam/Single	Single			Family		
			Retiree %	Retiree \$	BSO \$	Retiree %	Retiree \$	BSO \$
<input type="checkbox"/>	Dental DMO		100%		\$ -	100%		\$ -
<input type="checkbox"/>	Dental PPO		100%		\$ -	100%		\$ -
<input type="checkbox"/>	Dental Indemnity		100%		\$ -	100%		\$ -
<input type="checkbox"/>	Vision		100%		\$ -	100%		\$ -

Benefits Representative:		CCN:	Date:
<input type="checkbox"/> <b>Change eff. date:</b> _____	Cc: <a href="mailto:tcornman@aetna.com">tcornman@aetna.com</a>	<a href="mailto:dkshaver@aetna.com">dkshaver@aetna.com</a>	<a href="mailto:elizabeth_parker@sheriff.org">elizabeth_parker@sheriff.org</a> <a href="mailto:carolle_stremey@sheriff.org">carolle_stremey@sheriff.org</a>
<input type="checkbox"/> <b>Cancellation eff. Date:</b> _____	<a href="mailto:lxvaldesthom@aetna.com">lxvaldesthom@aetna.com</a>	<a href="mailto:rxrobertelli@aetna.com">rxrobertelli@aetna.com</a>	
<b>To:</b> <a href="mailto:tkervin@aetna.com">tkervin@aetna.com</a>			