

HEALTH CARE INSURANCE FOR LEGISLATIVE GROUP RETIREES
2026 OPEN ENROLLMENT PLAN ELECTION FORM

— Please Print —

*** COMPLETE THIS FORM ONLY IF YOU NEED TO MAKE A CHANGE FOR 2026

IF MAKING A CHANGE, PLEASE RETURN THIS FORM NO LATER THAN OCTOBER 20, 2025 ***

RETIREE NAME: RETIREE ID NUMBER:

DAYTIME PHONE: EMAIL ADDRESS:

* IMPORTANT: All eligible members (Pre-Medicare eligible and Medicare eligible) MUST be enrolled with the same insurance carrier. If, during the open enrollment election process, you do not select the same insurance carrier for all members (Medicare and pre-Medicare), we will default the pre-Medicare members into the corresponding pre-Medicare plan with the insurance carrier chosen by the Medicare eligible member regardless of any other election to the contrary.
Medicare eligible retirees should contact the Wayne County Benefits Office directly to request Medicare Advantage Plan Enrollment Documents. The Benefits Office can be reached at 313-224-5157.

HEALTH PLAN ELECTIONS: Check the appropriate boxes in each column and section.

Table with 3 columns: Medical Plan Election, Current Insurance Plan, Effective Jan. 1, Change Plan To:
Rows include options like BCBSM Community Blue PPO, Blue Care Network (BCN) HMO, BCBSM Simply Blue HDHP PPO, and Opt-Out / Waive Medical Coverage.

MEMBERS TO BE COVERED: List all individuals to be covered under the plan(s) selected. If any dependent listed is being enrolled for the first time, you MUST provide proof of eligibility (ex. marriage certificate for a spouse, birth certificate for a child). No dependent will be enrolled until verification is provided. Anyone not listed below that is currently enrolled will be removed from coverage effective January 1, 2026.

Table with 8 columns: Last Name, First Name, Sex (M/F), Date of Birth, SSN, Relationship to Retiree, Enrolled in Medicare? (Y/N), Other Group Health Plan? (Y/N)
Rows for Retiree, Spouse, and multiple Dependents.

I understand that the changes that I have requested will be effective January 1, 2026. I further understand that if the plan elections I make require a monthly contribution towards the cost of the plan, I hereby authorize a pension payroll deduction to commence in the appropriate amount beginning with my January pension check or otherwise billed to me directly if I do not receive a monthly pension check.

Signature Date Office Use Only

Return to: Wayne County PHR – Division of Benefits Administration
US Mail: 500 Griswold 9th Floor, Detroit, MI 48226
Fax: (313) 967-1228 Phone: (313) 224-5157
Email: benefits@waynecountymi.gov