

**CHANGE REQUEST FOR MEDICAL COVERAGE**  
**Retirees - Calendar Year 2017**

Complete and return this form by 10/31/16 **ONLY** if:

- you wish to change to another available retiree medical plan for 2017; and/or
- you wish to make changes for the eligible dependents you have enrolled,
- you wish to use your one-time re-enrollment option, from Deferred Medical status,
- if you wish to defer your coverage for 2017 (one time option only)

**Retiree/Surviving Spouse Name: (Last, First, MI)** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Street/PO Box Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Check here if new address:[ ]**

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Medical Plan Selection ONLY IF YOU ARE MAKING A CHANGE**

*The effective date of this change will be January 1, 2017*

Check only one -

**UnitedHealthcare Medical Plan**

Available to all retirees and eligible dependents

**Group Health Options, Inc.**

Available to all retirees and eligible dependents residing in the Group Health service area (contact Group Health for service area information.)

**Defer coverage for you and your eligible enrolled dependent(s) for 2017**

If you wish a one-time opt out of your coverage with the ability to re-enroll at a future open enrollment, information will be mailed to you.

**Changes for My Enrolled Dependent(s) (if applicable) \***

*\*Note: Once a dependent is deleted, they cannot re-enroll at a later date.*

**Please make the following change for my enrolled dependent(s) effective January 1, 2017:**

\_\_\_\_\_ [ ] Delete from coverage  
Dependent Name (Last, First, MI) Social Security No. Relationship [ ] Other (explain below)

Other Reason for Change: \_\_\_\_\_

**Retiree/Surviving Spouse signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed form to:** **Hanford Employee Welfare Trust – Retiree Administration**  
**c/o MSA – Benefits Administration**  
**PO Box 650, H2-23**  
**Richland, WA 99352**

**BEFORE MAILING, MAKE A COPY OF THIS FORM FOR YOUR RECORDS**