



City of Phoenix

Retiree Authorization to Deduct Medicare Premiums

Allowing the City of Phoenix to coordinate with UHC for your AARP/UHC Medicare supplement enrollment will provide you and/or your spouse to receive a 7% discount. MERP eligible retirees will receive \$30.00 Qualified City Contribution (\$90.00 for Unit 5 Fire Retirees) with the convenience of paying the remaining premium via your pension.

Additionally, the City of Phoenix can coordinate with UHC to enable a pension deduction for your AARP/UHC pharmacy premium (MedicareRx Preferred, and MedicareRx Saver through this authorization if indicated below.

Complete this form to authorize the deduction(s) for your UHC/AARP Medicare Supplement and/or pharmacy coverage from your COPERS or PSPRS Pension.

ENROLLEE INFORMATION (Please Print):

RETIREE/SURVIVOR	SPOUSE
1. Enrollee Name (Last Name, First Name, MI)	9. Enrollee Name (Last Name, First Name, MI)
2. Last 4 of SSN:	10. Last 4 of SSN:
3. Date of Birth:	11. Date of Birth:
4. Address (Street, City, State, Zip Code)	12. Address (Street, City, State, Zip Code)
5. Which AARP/UHC Medicare Coverage premium should be attached? Medicare Supplement only <input type="checkbox"/> Pharmacy only <input type="checkbox"/> Both <input type="checkbox"/>	13. Which AARP/UHC Medicare Coverage premium should be attached? Medicare Supplement only <input type="checkbox"/> Pharmacy only <input type="checkbox"/> Both <input type="checkbox"/>
6. Requested Effective Date for Attachment (mm/dd/yy):	14. Requested Effective Date for Attachment (mm/dd/yy):
7. Daytime Phone:	15. Daytime Phone:
8. Email:	16. Email:

ACKNOWLEDGEMENTS:

Please initial the following as the retiree:

_____ I understand the AARP/UHC premium transitioning to attachment via pension deduction *may* result in more than one month of premiums initially being deducted based on UHC billing and pension processing timelines.

_____ I understand I am responsible for notifying Social Security Administration (SSA) if I prefer to pay pharmacy via my pension.

This only applies for retirees currently paying for AARP UHC pharmacy premiums through their social security benefit.

By signing below, you grant the City of Phoenix permission to make premium deductions for your UHC AARP/Medicare supplemental medical plan and/or pharmacy plan.

RETIREE/SURVIVOR SIGNATURE

DATE

PLEASE CHOOSE ONE OF THE OPTIONS BELOW TO SUBMIT YOUR FORM TO THE BENEFITS OFFICE:		
Email: paula.whisel@phoenix.gov	Fax: (602) 534-2848	Mail: 251 W. Washington St., 7 th Floor Phoenix, AZ 85003