



UVA Retiree Health Benefits Program Retiree Health Insurance Attestation Form

Instructions: Complete the Identification Section and either the VRS Health Credit Section or the Medicare Eligibility Section. Return the completed form, along with a copy of your health insurance identification card(s), to:

UVA HR, Solution Center
2420 Old Ivy Road
P.O. Box 400127
Charlottesville, VA 22904-4127

Fax documents to: 434-924-4486
Scan documents and email to: AskHR@virginia.edu

If this is your initial enrollment in the UVA Retiree Health Benefits Program and you are providing information needed for the VRS health credit form, complete the **Identification** and **VRS Health Credit Sections**.

If you have been enrolled in the UVA Retiree Health Benefits Program, will become eligible for Medicare within the next 90 days, and want to enroll in the state's Advantage65 Medicare supplement plan, complete the **Identification** and **Medicare Eligibility Sections**.

Identification Section

I, _____, attest that I am enrolled in health insurance through
(Printed Retiree Name)
the UVA Retiree Health Benefits Program.

Name of Insurance Company _____ Effective Date _____

Plan Name _____ Policy # _____

Retiree email _____ UVA computing ID _____

Retiree address _____ Phone # _____

My dependents listed below are covered by the same plan:

_____ (relationship)

(Dependent Name)

_____ (relationship)

(Dependent Name)

Attach a copy of your health insurance identification card(s).

(over)

VRS Health Credit Section

Complete this section if this is your initial enrollment in the UVA Retiree Health Benefits Program and you are providing information needed for the VRS health credit form. Note that you must update VRS regarding future changes in your health premiums by submitting a VRS-45 form.

How many times per year is the insurance premium paid? _____

How much is each premium payment? _____

How much of each payment pays the retiree's portion of the coverage? _____

What is the current effective date of this premium amount? _____

Health Plan Address _____

(Retiree Signature)

(Date)

Medicare Eligibility Section

Complete this section if you have been enrolled in the UVA Retiree Health Benefits Program, will become eligible for Medicare within the next 90 days, and want to enroll in the state's Advantage65 Medicare supplement plan. You must also contact the UVA Solution Center to complete and submit the Advantage65 application.

I _____ attest that I have had continuous health coverage through the UVA
(Printed Retiree Name)

Retiree Health Benefits Program since my termination from UVA's active employee health plan.

Start date of retiree health insurance _____

Planned end date of current retiree health insurance _____

Medicare effective date _____

(Retiree Signature)

(Date)

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