

IMPORTANT!

Request for Enrollment Forms

You may also view/download the enrollment forms from the LACERA website. Visit www.lacera.com, click on the Retiree Healthcare tab, and click on RHC Brochures & Forms located on the left margin of the page.

REMEMBER: You must enroll in a LACERA-administered medical and/or dental/vision plan within 60 days from the date of your retirement! If you miss this deadline, the late enrollment rules will apply.	To Be Completed By Retiree	
	Retiree's Name	
	Retiree's Employee Number	
	Address	
	City	
	State	Zip Code
	Daytime Telephone Number ()	
	Email Address	

LACERA-Administered Medical Plans (check one of the following boxes)

Indemnity Plans Myself Dependents

Anthem Blue Cross Plan I	<input type="checkbox"/>	<input type="checkbox"/>
Anthem Blue Cross Plan II	<input type="checkbox"/>	<input type="checkbox"/>
Anthem Blue Cross Prudent Buyer Plan	<input type="checkbox"/>	<input type="checkbox"/>

Medicare Supplement Plan Myself Dependents

Anthem Blue Cross III	<input type="checkbox"/>	<input type="checkbox"/>
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HMO Plans Myself Dependents

Kaiser Permanente	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare	<input type="checkbox"/>	<input type="checkbox"/>
Cigna Network Model Plan	<input type="checkbox"/>	<input type="checkbox"/>

Medicare MA-PD HMO Plans Myself Dependents

Kaiser Permanente Senior Advantage	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>
SCAN Health Plan	<input type="checkbox"/>	<input type="checkbox"/>
Cigna HealthSpring MAPD (In Maricopa County, Arizona only)	<input type="checkbox"/>	<input type="checkbox"/>

LACERA-Administered Dental/Vision Plans (check one of the following boxes)

Dental/Vision Plans Myself Dependents

Cigna Indemnity Dental/Vision	<input type="checkbox"/>	<input type="checkbox"/>
Cigna Dental HMO/Vision	<input type="checkbox"/>	<input type="checkbox"/>

THIS IS NOT AN ENROLLMENT FORM!

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