

## 2018 ELECTRIC BOAT PLAN ELECTION CHANGE FORM

*Please place an "X" next to your new plan election:*

Option #	Changing to:	2018 Electric Boat Plan Options	2018 Monthly Cost
1		The Hartford Group Retiree Insurance Plan <b>High</b> Option (Medical Only)	<b>\$233.60</b>
2		The Hartford Group Retiree Insurance Plan <b>Base</b> Option (Medical Only)	<b>\$172.00</b>
3		The Hartford Group Retiree Insurance Plan <b>Low</b> Option (Medical Only)	<b>\$142.00</b>
4		The Hartford Group Retiree Insurance Plan <b>High</b> Option with <b>Limited</b> Drug Plan	<b>\$322.99</b>
5		The Hartford Group Retiree Insurance Plan <b>High</b> Option with <b>Unlimited</b> Drug Plan	<b>\$398.88</b>
6		The Hartford Group Retiree Insurance Plan <b>Base</b> Option with <b>Limited</b> Drug Plan	<b>\$261.39</b>
7		The Hartford Group Retiree Insurance Plan <b>Base</b> Option with <b>Unlimited</b> Drug Plan	<b>\$337.28</b>
8		The Hartford Group Retiree Insurance Plan <b>Low</b> Option with <b>Limited</b> Drug Plan	<b>\$231.39</b>
9		The Hartford Group Retiree Insurance Plan <b>Low</b> Option with <b>Unlimited</b> Drug Plan	<b>\$307.28</b>

The Express Scripts Unlimited Prescription Drug Plan is only available to those that are newly eligible for Medicare, newly retiring from Electric Boat or losing other employer group coverage. If you are currently enrolled on the Unlimited Prescription Drug Plan and wish to “opt down” to the Limited Prescription Drug Plan, you will need to complete the “Opt Down” form in order to make this change.

Please refer to the back of this form for more details on what forms you will need in order to execute a change. Certain rules and restrictions apply to changes and effective dates. We will contact you if there are any problems with your request.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Requested Effective Date of Change: **January 1, 2018** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Your 2018 Plan based on your current 2017 enrollment</b>	<b>Your Desired 2018 Plan</b>	<b>Necessary Forms</b>	<b>When you can make the change</b>
<p>You will be automatically enrolled in the corresponding Retiree Medical Plan through The Hartford based on your current enrollment with Transamerica unless you request a Plan Change</p> <ul style="list-style-type: none"> <li>• High Option to High Option</li> <li>• Base Option to Base Option</li> <li>• Low Option to Low Option</li> </ul>	<p>A plan change from the Retiree Medical Plan in which you are currently enrolled to any of the other Retiree Medical Plans</p> <ul style="list-style-type: none"> <li>• High Option to Base Option</li> <li>• High Option to Low Option</li> <li>• Base Option to High Option</li> <li>• Base Option to Low Option</li> <li>• Low Option to High Option</li> <li>• Low Option to Base Option</li> </ul>	<ul style="list-style-type: none"> <li>• 2018 EB Plan Election Change Form</li> </ul>	<ul style="list-style-type: none"> <li>• During Open Enrollment</li> </ul>
<p>Express Script Medicare <b>Unlimited Rx</b> Prescription Drug Plan</p>	<p>Express Script Medicare <b>Limited Rx</b> Prescription Drug Plan</p>	<ul style="list-style-type: none"> <li>• 2018 EB Plan Election Change Form</li> <li>• Express Scripts Medicare Rx Opt Down Form</li> </ul>	<ul style="list-style-type: none"> <li>• During Open Enrollment</li> </ul>

**All forms should be returned to:**  
**Beacon Retiree Benefits Group LLC**  
**710 Main Street, Suite #10**  
**Plantsville, CT 06479**  
**Fax: 1.860.621.5074**  
**Phone: 1.888.484.0414**

Visit us at [www.BeaconMedicare.com](http://www.BeaconMedicare.com) where most forms are available for printing.