Print Form Reset Form

HR 112 (10/12)

Workstation _____

The Texas A&M University System

Survivor Health/Dental/Vision Continuation Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

* S C F *

_____ – _____ – _____

Deceased's Social Security number or UIN

Survivor's Social Security number

_____

Deceased's name (last, first, middle initial)

_____

Survivor's name (last, first, middle initial)

_____

Deceased's date of death

_____

Survivor's date of birth

I am a survivor of a _____ retiree _____ employee (please check one.)

In the event of the death of a Texas A&M University System employee or retiree, a surviving spouse who meets the eligibility requirements listed below can continue health, dental and/or vision coverage indefinitely. Surviving children covered at the time of the person's death can continue coverage as long as they meet the eligibility requirements (see below). Dependents who were not covered at the time of the employee's/retiree's death cannot be added to coverage. Survivors are not eligible to receive the employer contribution toward premiums. If your spouse was an active employee and you are age 65 or older, you will need to enroll in Medicare if you are not already enrolled. Unless you are working and have insurance at your place of employment, Medicare will become your primary carrier. *Once survivors and/or any dependents cancel coverage, coverage cannot be reinstated.*

Eligibility requirements for continuation of health, dental and/or vision coverage are:

- If the deceased was a retiree of the A&M System, the surviving spouse can continue coverage indefinitely if he/she was covered at the time of the death. Dependent children covered at the time of the retiree's death may remain covered until they reach age 25 or marry, for dental and vision coverage. They may remain on health coverage up to age 26. Coverage for permanently disabled children may continue indefinitely, subject to coverage rules for disabled children.
- If the deceased was an active employee with at least five years of creditable service with Teacher Retirement System of Texas (TRS) or Optional Retirement Program (ORP), including three years of service as a benefits-eligible employee with the A&M System, the surviving spouse can continue coverage indefinitely if he/she was covered at the time of the death. Dependent children covered at the time of the employee's death may remain covered until they reach age 25 or marry, for dental and vision, and up to age 26 for health coverage. Coverage for permanently disabled children may continue indefinitely, subject to coverage rules for disabled children.

A survivor of an individual who meets the conditions listed above has 60 days from the end of the month during which his/her spouse or parent dies to choose to continue coverage. A survivor of an individual who does not meet the conditions listed above can continue coverage through COBRA and should contact the deceased's Human Resources office.

Date Stamp

Health/Dental/Vision Continuation

- If you want to continue health coverage, state your current plan's name: _____
- If you want to continue dental coverage, check here: _____
- If you want to continue vision coverage, check here: _____
- If you want to continue coverage on your dependent children only and not on yourself, or if you are a dependent child and you want to continue coverage, check here: _____
- If you wish to change plans, check the plan you want:
  Care _____ A&M Care 65 PLUS _____

Dependent Children Information

To continue coverage for currently covered dependent children, complete the following and place a check beneath the coverage you wish to continue for each dependent (list additional dependents on a separate page):

Dependent Child's Name	Social Security number/UIN	Birthdate (mo/day/yr)	Health	Dental	Vision

Survivor Premiums

(If you have questions about billing, contact the former employee's/retiree's Human Resources office.)

Health Plans	Survivor Only *(monthly)*	Survivor & Child(ren) *(monthly)*
A&M Care	$445.35	$668.04
A&M Care 65 PLUS	391.62	587.43
A&M Dental (PPO)	29.41	61.76
DeltaCare USA Dental HMO	20.71	37.12
EyeMed Vision Care	6.32	10.38

Billing Agreement

I authorize The Texas A&M University System to bill me or draft my bank account to cover my share of the premiums for these coverages. I understand that failure to pay my premium(s) will result in cancellation. Further, I understand that if my coverage is cancelled for any reason, I will not be able to reinstate this coverage at a later date.

Name (print)

Street address *City* *State* *Zip code*

Telephone number

Signature in ink (blue preferred)

Signature date (MM/DD/YYYY)