

# Pro-Ration Request Form

To (circle one): Cheryl (any retirees), or Missy Plunkert (any retirees)

From: \_\_\_\_\_

## I. To Be Completed by the Individual Taking the Phone Call from the Member:

Retiree's Name: \_\_\_\_\_ Retiree's S.S.#: \_\_\_\_\_

Status (check one): \_\_\_\_\_ Retiree \_\_\_\_\_ Beneficiary of Deceased Retiree

Daytime Phone Number(s): \_\_\_\_\_

Date of Call: \_\_\_\_\_ Time of Call: \_\_\_\_\_

**(Inform the caller that you will return their call within one business day.)**

### Health Plan

\_\_\_\_\_ CareFirst BCBS-PPO

\_\_\_\_\_ United HealthCare-PPO

\_\_\_\_\_ CareFirst BCBS-POS

\_\_\_\_\_ United HealthCare-POS

\_\_\_\_\_ Aetna-POS

\_\_\_\_\_ CareFirst BCBS-EPO

\_\_\_\_\_ United HealthCare-EPO

\_\_\_\_\_ Aetna-EPO

### Coverage Level

\_\_\_\_\_ Retiree Only NO Medicare

\_\_\_\_\_ Retiree & One Child, NO Medicare

\_\_\_\_\_ Retiree & Spouse, NO Medicare

\_\_\_\_\_ Retiree & Two or More, NO Medicare

\_\_\_\_\_ Retiree Only, WITH Medicare A&B

\_\_\_\_\_ Two People, One WITH Medicare A&B

\_\_\_\_\_ Two People, Both WITH Medicare A&B

\_\_\_\_\_ Three People, One WITH Medicare A&B

\_\_\_\_\_ Three People, Two WITH Medicare A&B

\_\_\_\_\_ Three or More People, ALL WITH Medicare A&B

\_\_\_\_\_ Four or More People, at least one but not all WITH Medicare A&B

### Express Scripts, Inc Prescription Plan

\_\_\_\_\_ Retiree Only

\_\_\_\_\_ Retiree & One Child

\_\_\_\_\_ Retiree & Spouse

\_\_\_\_\_ Retiree & Two or More People

### Dental Plan

\_\_\_\_\_ United Concordia-DHMO

\_\_\_\_\_ United Concordia-PPO

\_\_\_\_\_ Retiree Only

\_\_\_\_\_ Retiree & One Child

\_\_\_\_\_ Retiree & Spouse

\_\_\_\_\_ Retiree & Two or More People

## II. To Be Completed by Cheryl or Missy Total Months of Service (on PRNH screen): \_\_\_\_\_

	Retiree Portion		Uncovered Subsidy		Monthly Premium
Health Plan:	\$ _____ . _____	+	\$ _____ . _____	=	\$ _____ . _____
Prescription Plan:	\$ _____ . _____	+	\$ _____ . _____	=	\$ _____ . _____
Dental Plan:	\$ _____ . _____	+	\$ _____ . _____	=	\$ _____ . _____
Total of Monthly Premiums					\$ _____ . _____

**Return to sender for the call to be returned within one business day of date and time listed in Section I.**

Form Returned to Sender: \_\_\_\_\_  
Date Time Signature

## III. To be completed by the Individual Returning the Phone Call to the Member:

Call Returned to Member: \_\_\_\_\_  
Date Time Signature