PEEHIP

PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN

Under Alabama law, Section 16-25A-5.2(1), *Code of Alabama, 1975*, employees who retire after September 30, 2005, and who become employed by an employer that provides employees at least 50 percent of the cost of individual health insurance coverage and that qualify to receive other employer group health insurance coverage through that employer shall be required to use the employer's health benefit plan for primary coverage and the Public Education Employees' Health Insurance Plan may provide supplemental secondary coverage. If you are required to take your new employer's health insurance, the Public Education Employees' Health Insurance Plan (PEEHIP) offers supplemental and optional coverages at little to no cost. Retired members who retired on or after October 1, 2005, and are ineligible for the PEEHIP coverage can be covered as a dependent on their spouse's PEEHIP plan. Please visit the PEEHIP website, rsa-al.gov or contact PEEHIP for more information on the supplemental and optional coverages.

Retired members can re-enroll in PEEHIP without a break in coverage if their new employer stops paying at least 50% of the cost of individual coverage or if the member should lose their other employer's health insurance coverage due to termination or ineligibility.

All employees who retired after September 30, 2005, are required to complete the form on the reverse side of this letter and return it to PEEHIP regardless of whether or not they are currently enrolled in any PEEHIP coverages. Forms should be uploaded to Member Online Services (MOS) at https://mso.rsa-al.gov/ or mailed to PEEHIP at P.O. BOX 302150, Montgomery, AL 36130. The employer must also complete the Employer Information Sections C and D of the RETIREE EMPLOYMENT VERIFICATION form (on back) if applicable. The retiree must also contact PEEHIP about subsequent employment changes if other group health insurance coverage is made available to them.

Any employee or retiree who knowingly and willfully submits materially false information to PEEHIP shall repay all claims and other expenses incurred by the plan related to false or misleading information submitted by the employee or retiree, in addition to a charge based on the applicable interest rate (Section 16-25A-20, *Code of Alabama, 1975*).

If the retiree and their covered dependents are under age 65 and become Medicare eligible, it is imperative that the PEEHIP office is notified and provided with a copy of the member or dependent's Medicare card to ensure that medical and prescription drug claims are being processed correctly and they are paying the lower PEEHIP premium.

Thank you for your cooperation.

SEE REVERSE SIDE AND COMPLETE THE RETIREE EMPLOYMENT VERIFICATION FORM.

PEEHIP_REV
07/2021

RETIREE EMPLOYMENT VERIFICATION

This form is to be completed by the PEEHIP Retiree and their current employer (if applicable) to verify employer health insurance benefits offered to its employees.

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The PEEHIP Retiree must return this completed, signed, and dated form to PEEHIP using one of the following methods:
Online: https://mso.rsa-al.gov// **Mail:** PEEHIP, P.O. Box 302150, Montgomery, AL 36130

SECTION A. PEEHIP RETIREE INFORMATION

Retiree's Name:	Social Security Number:

Are you currently employed? ☐ Yes ☐ No You must select "Yes" or "No." ***(If "No," skip to Section B)***

Name of Retiree's Employer: (After date of retirement)		Employer's Telephone #:	Date of Hire (MM/DD/YYYY)	
Employer's Address 1:	**Employer's Address 2:**	**City**	**State**	**ZIP Code**

1. Does your current employer offer health insurance coverage? ☐ Yes ☐ No ***(If "No," skip to Section B)***
2. Are you currently eligible, or will become eligible after a specified waiting period, for health insurance benefits through your current employer? ☐ Yes ☐ No*
   a. If you are eligible for your employer's health insurance, you must indicate the date you became/will become eligible for benefits (MM/DD/YYYY): _____/_____/_____
3. Does your employer contribute at least 50% or more of the cost of individual health insurance coverage? ☐ Yes ☐ No*

*__ACTION REQUIRED:__ ***If you answered "No" to questions 2 or 3,*** you must have your current employer complete Section C and D before submitting the completed, signed, and dated form to PEEHIP.

SECTION B. PEEHIP RETIREE SIGNATURE

Statement: Under penalties of perjury, I declare that I have examined this form and statements, and to the best of my knowledge and belief, they are true and correct. It is fraudulent to submit information you know to be false or knowingly omit important facts. Criminal and/or civil penalties can result from such an act. If any of the above information is untrue, I agree to reimburse PEEHIP for any money it was induced to pay as a result of the information I provided. Receipt and/or completion of this form is not a guarantee of eligibility. I further authorize the release of any pertinent information from any source available to PEEHIP to verify the status of my employment.

Retiree's Signature **Date Signed**

SECTION C. EMPLOYER INFORMATION (To be completed by Current Employer only)

Employee Hire Date: (MM/DD/YYYY) Employee Status: ☐ Full-time ☐ Part-time

Is the person, named above as the Employee, eligible for your company's Health Insurance Coverage? ☐ Yes ☐ No

If "Yes," please provide the Individual Employee monthly premium contribution information below:
Important Note: *If your company pays for, reimburses, or intends to pay or reimburse the person, named above as the Employee, either directly or indirectly, including through a Health Reimbursement Arrangement (HRA) or Section 125 Plan (Cafeteria Plan), that amount should be reflected in the monthly premiums.*

Total Monthly Individual Premium:	Employee Share of Monthly Individual Premium:	Company Share of Monthly Individual Premium:

If "No," please indicate why employee is not eligible:

☐ Benefits not offered ☐ Part-time employee (not eligible for benefit) ☐ Other, please explain:

SECTION D. EMPLOYER SIGNATURE (To be completed and signed by Current Employer only)

Statement: Under penalties of perjury, I hereby certify that the above answers are true and correct. I further understand that omission of important facts, of a false or fraudulent statement or representation, made in order to procure coverage under a health benefit plan, including a public plan such as the Public Education Employees' Health Insurance Plan (PEEHIP), for a person who is ineligible for such plan, is a violation of the anti-fraud provision of the Health Insurance Portability and Accountability Act, to which civil and criminal penalties, including imprisonment, can apply.

Printed Name of Company Representative Providing Verification Title

Signature of Company Representative Providing Verification Date Signed

EMPLOYER: Please return this Employment Verification Form to your Employee. The Employee must submit this form to PEEHIP. Thank you for your cooperation.

SEE REVERSE SIDE FOR INSTRUCTIONS