PEEHIP Board of Control Luther P. Hallmark, Chair



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, www.rsa-al.gov or contact PEEHIP for more information on the supplemental and optional coverages.

You can re-enroll in PEEHIP without a break in coverage if your new employer stops paying at least 50% of the cost of individual coverage or if you should lose your 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 you 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. Your employer must also complete the Employer Information Sections C and D of the Retiree Employment Verification form (on back) if applicable. You must also contact PEEHIP about subsequent employment changes if other group health insurance coverage is made available to you.

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 you or your covered dependents are under age 65 and Medicare eligible, it is imperative that you notify the PEEHIP office and provide a copy of your or your dependent's Medicare card to ensure that medical and prescription drug claims are being processed correctly and you are paying the lower PEEHIP premium.

Thank you for your cooperation.



David G. Bronner, CEO

RETIREE EMPLOYMENT VERIFICATION

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

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: PEFHIP P.O. Box 302150 Montgomery Al 36130



SECTION A. PEEHIP RETIREE INFORMATION						
Retiree's Name:			Social Security Number:			
		Social Security Hambert				
Are you currently employed? Yes No You must sele						
				s" 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	5 2:	City	State	ZIP Code	
1. Does your current employer offer health insurance coverage? 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):						
			ns 2 or 3, you must have your o	current employer	complete Section C and D	
before submitting the com			EEHIP.			
SECTION B. PEEHIP			examined this form and stateme	onts and to the h	post of my knowledge and	
			ormation you know to be false or			
			above information is untrue, I			
			Receipt and/or completion of this			
further authorize the relea	ase of any pertiner	nt information from	n any source available to PEEHIP	to verify the sta	tus of my employment.	
Retiree's Signature			Date Signed			
SECTION C. EMPLOYER INFORMATION (To be completed by Current Employer only)						
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