



Under Age 65 Retiree Health and Dental Enrollment Confirmation Form

Return completed form within 31 days of retirement to: **Tufts Support Services (TSS)** Email: **TSS@tufts.edu**

Once received, your enrollment will be submitted to EBPA, the university's third-party enrollment administrator, and EBPA will mail you a billing packet. Once you remit your first premium payment to EBPA, they will enroll in you the elected Retiree plans.

Personal Information (Please Print)

Employee Last Name	First Name	MI	Employee ID Number	Retirement Date (last day worked)
Street Address		Apt #	Home Phone	Cell Phone
City	State	Zip Code	Personal Email Address	

Enrollment choice for the under Age 65 Retiree Health Plan and Retiree Dental Plan

As an under age 65 retiree, I am confirming my enrollment election in the Tufts University Retiree Health and Dental plans below:

Health Plan		Dental Plan	
ENROLL Plan Options - Tufts Health Plan: Quality Tiered PPO Plan Traditional PPO Plan Value PPO Plan Coverage Level Employee Employee + One Family	WAIVE I DO NOT want to enroll in the Retiree Health Plan Waiving health coverage. allows the option to enroll in the age 65 and older plan within 31 days of your 65th birthday.	ENROLL Plan Option: Delta Premier USA (D) Coverage Level Employee Employee + One Family	WAIVE I DO NOT want to enroll in the Retiree Dental Plan. Waiving dental coverage forfeits current and future enrollment rights.

Employee must be enrolled in order for dependents to participate. Please List all Dependents Enrolling (Y) or Waiving Coverage (N):

Last, First	Health	Dental	Gender	Birth Date	Social Security Number - LAST FOUR DIGITS FULL SSN MUST BE LISTED IN ESERVE
Employee					
Spouse/Domestic Partner*					
Dependent					
Dependent					
Dependent					

*Domestic Partner (DP) is a partnership documented with Tufts University. If enrolling a DP in a Retiree Health or Dental Plan, an Affidavit of Domestic Partnership must be submitted if there is not one already on file. The Affidavit form can be found here: <https://access.tufts.edu/forms>

Retiree Signature	Date
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Questions? Contact **TSS**
Phone: 617-627-7000 Email: **TSS@tufts.edu**

HR Benefits Use Only:	Retiree Group Code	Group Health Plan #
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