

# 2021 RETIREE MEDICAL & PRESCRIPTION DRUG PLAN ENROLLMENT FORM

Arlington County Government Medicare Eligible

Retiree Information (Please print)			
Name	Date of Birth		
Address	Social Security Number		
City	Sex	Phone Number	
State	Zip Code	Medicare ID# <i>(From Medicare Id card):</i>	
Hospital (Part A) effective date <i>(from Medicare ID card):</i>		Medical (Part B) effective date <i>(from Medicare ID card):</i>	
Email Address		Date of Retirement	
Spouse Information (if enrolling)			
Name	Date of Birth		
Sex	Social Security Number		
Date of Retirement	Medicare ID# <i>(From Medicare Id card):</i>		
Hospital (Part A) effective date <i>(from Medicare ID card):</i>		Medical (Part B) effective date <i>(from Medicare ID card):</i>	
Please Choose Type of Coverage			
<b>Effective Date:</b> <b>Check Desired Coverage:</b>	<b>Retiree Only</b>	<b>Retiree &amp; Spouse</b>	<b>Surviving Spouse</b>
<b>Medical &amp; Prescription Drug Plan</b>			
Please sign and date below:			
<b>Date:</b>	<b>Retiree Signature:</b>		
<b>Date:</b>	<b>Spouse/Surviving Spouse Signature:</b>		
<p><b>Please be sure to date and sign this form, answering all questions.</b></p> <p><b>Return the form to: AmWINS Group Benefits/Arlington County, 50 Whitecap Drive, North Kingstown, RI 02852</b></p> <p><b>For customer service: Call 1.877.809.7361, Monday through Friday, 8:00 AM to 8:00 PM (Eastern)</b></p>			
<p><b>Note: To be eligible for benefits you (and your spouse, if enrolling) must be entitled to Medicare Part A and enrolled in Medicare Part B.</b></p>			