



BENEFITS MANAGEMENT

ATTN: Mailslot #32
PO BOX 10789
TALLAHASSEE, FL 32302-2789
FAX: 866-836-9943

STATE OF WEST VIRGINIA
RETIREE ENROLLMENT FORM

July 1, 2024 - June 30, 2025



1. INSTRUCTIONS: You do not need to complete the form if you wish to continue your current retiree benefits without changes. New retirees or surviving spouses must complete this application to enroll for coverage. If you enroll or make changes, mail the form to FBMC/Direct Bill, PO Box 10789, Tallahassee, FL 32302-2789 or, fax to 866-836-9943. Please complete the dependent information section if you select coverage that includes dependents. Be sure to make a copy for your records before mailing back to FBMC.

2. Form with fields for SSN#, EFFECTIVE DATE, TYPE OF ENROLLMENT, PAYMENT OPTIONS, LAST NAME, FIRST NAME, MI, MAILING ADDRESS, CITY, STATE, ZIP, BIRTH DATE, HOME PHONE, CELL PHONE, and E-MAIL.

1 If you choose deductions through CPRB, your premium will be deducted from your check in advance (for example, July's premium will be deducted in June). You will receive an Enrollment Summary Report upon enrolling, which will include where to submit your monthly premium until CPRB deductions begin.

2 If you choose to pay by check, you will receive a monthly billing statement to mail in your monthly premium.

3. MONTHLY RETIREE RATES table with columns for SUN LIFE DENTAL, ASSISTANCE, BASIC, ENHANCED, PREMIER, HUMANA / EYEMED VISION, EXAM PLUS, FULL SERVICE, EPIC HEARING SERVICE, and ARAG LEGAL.

3 If you select dependent coverage for any of the benefits above, you must complete the information below.

4. ELIGIBLE DEPENDENT INFORMATION table with columns for DEPENDENT NAME, RELATIONSHIP, MALE/FEMALE, BIRTH DATE, SOCIAL SECURITY #, and CHECK COVERAGE SELECTED (DENTAL, VISION, HEARING, LEGAL).

I hereby authorize the WV Consolidated Public Retirement Board to deduct my insurance premiums from my monthly benefit check and make any subsequent premium changes as directed. For Retirees who did not elect to have premiums deducted from CPRB: I agree to remit payment to FBMC Benefits Management, Inc. or have FBMC Benefits Management, Inc deduct payments for my monthly premium owed based on my enrollment elections.

RETIREE SIGNATURE and DATE SIGNED fields.

**STATE OF WEST VIRGINIA
 ACH AUTHORIZATION FORM**

Participant Information:

NEW ACH CHANGE ACH CANCEL ACH

Former Employer Name: _____

Participant Name: (Please Print) _____

Street Address: _____

City, State, ZIP Code: _____

Telephone #: (____) _____ - _____

Financial Institution Information:

Name of Financial Institution: _____

Account Type: CHECKING SAVINGS

Routing Number: _____

Account Number: _____

**Routing number is the first 9 digits reflected in the bottom left corner of your check. Please attach a voided check of the account number that the direct debit will be drawn against. If you have elected Savings, please provide verification letter for your Savings Account.*

Authorization

I hereby authorize **FBMC** to direct debit my account on the dates due for all monthly premium billing payments, including premiums due for myself and eligible dependents. This authorization remains in effect until FBMC receives my written notification to rescind this authorization in time to allow reasonable opportunity to act on my instructions. I also understand that until such time that the bank has finalized the direct debit process, I must continue to send my monthly premiums via check or money order directly to FBMC to avoid any interruption or cancellation of coverage.

FBMC will process your scheduled monthly premium payments for direct debit from your designated account by the 10th day of each month. Should the payment date fall on a weekend or holiday, the debit will be deducted on the next business day. If funds in your designated account are insufficient to cover the premium payment required, **FBMC** will require you to remit a check for the full premium amount in order to prevent termination of coverage.

Participant's Signature: _____ Date: _____

Attach Voided Check Here

(*Note: If a voided check from your checking account or a bank verification letter for a savings account is not attached, this form will be returned to you.)