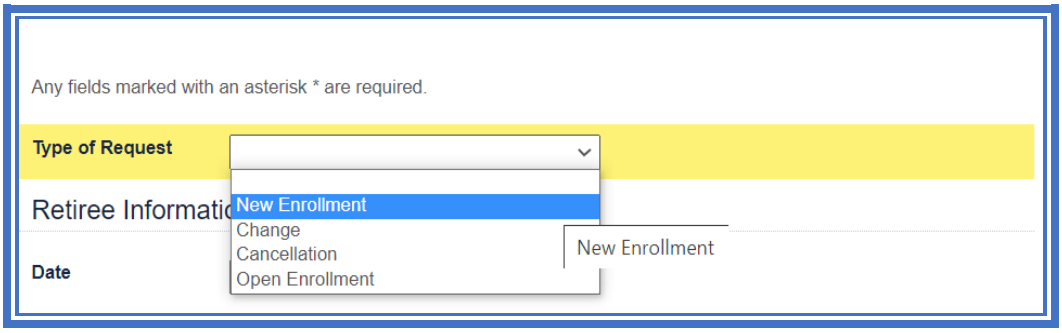
How to Complete the Retiree Health Insurance Enrollment / Change Form

Click on this link to be directed to the Retiree Health Insurance Enrollment / Change Form.

Select your type of request accordingly:

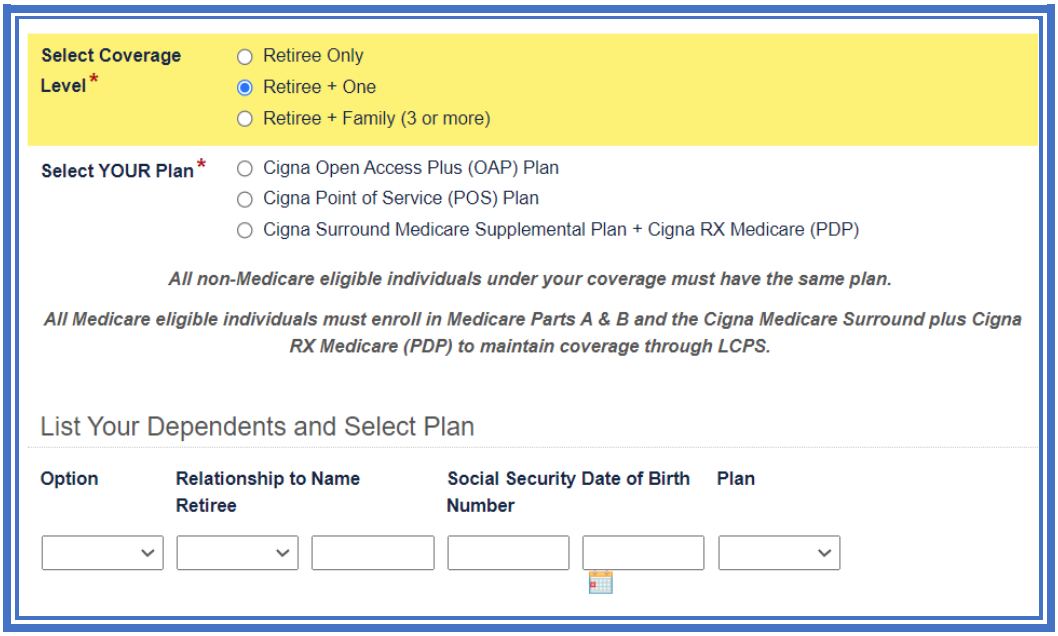
- New Enrollment = going from active employee to retiree
- Change = retiree electing change such as dropping a dependent
- Cancellation = retiree electing cancel coverage
- Open Enrollment = retiree electing to change plans during Open Enrollment

Complete your personal information.



If you are covering one or more dependents, select the appropriate coverage level and complete your dependents' information under "List your Dependent and Select Plan"

You must select the health plan under which you are currently covered. Please refer to the Retiree Health Insurance section of your retirement summary email to confirm the plan under which you are currently covered.



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When you select the third plan for "Cigna Surround Medicare Supplemental Plan + Cigna RX Medicare (PDP)"

- Please upload your Medicare card or a Medicare letter listing your Medicare number and enrollment in Parts A & B.
- If you do not have a Medicare card yet, you can skip the Upload section.
- Once you receive your Medicare card showing your enrollment in Part A and Part B, please email (picture or PDF) to LCPSHealthWellness@lcps.org, fax to 571-252-1401, or mail a copy to LCPS Administration Building, 21000 Education Court, Suite 319, Ashburn, VA 20148.

Electronically sign by clicking the "Sign" button on the Laserfiche form. Type your name in the top dialog box and click on the green "Sign" button.

Click Submit.