Print Reset

LACERS
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Securing Your Tomorrows

Medical Plan Enrollment Form
(for Anthem Blue Cross/SCAN Health Plan/ UnitedHealthcare ONLY)

202 W. First Street, Suite 500
Los Angeles, CA 90012-4401
(800) 779-8328
TDD (888) 349-3996
Fax: (213) 473-7284
www.LACERS.org

1. SUBSCRIBER INFORMATION

Last Name	First Name, Middle Initial	Birth Date	Daytime Phone Number
Street Address	**City**	**State**	**Zip Code**
Email Address:			
Status	**Retirement Effective Date**	**Gender**	**Social Security Number**
☐ Single ☐ Domestic Partnership ☐ Married ☐ Divorced ☐ Widow(er)		☐ Male ☐ Female	

2. MEDICAL PLAN NAME
* Available only within authorized zip code service areas.

Anthem Blue Cross
☐ HMO (California only*)
☐ PPO
☐ Life & Health Medicare Plan (Medicare Supplement)

**Available only within authorized zip code service areas.*

SCAN Health Plan
☐ California*

UnitedHealthcare Medicare Advantage HMO
☐ California*
☐ Arizona*
☐ Nevada*

LACERS DUAL CARE HMO PLANS (California only*)**
☐ **Anthem Blue Cross HMO & SCAN Health Plan**
☐ **Anthem Blue Cross HMO & UnitedHealthcare Medicare Advantage HMO**

** *Anthem Blue Cross HMO will cover the subscriber/ dependent who is under age 65 or over age 65 with Medicare Part B only*

3. LIST SELF AND ANY ADDITIONAL ELIGIBLE DEPENDENTS TO BE ENROLLED IN THE MEDICAL PLAN

Last Name, First Name, Middle Initial	Social Security Number	Gender	Relationship	Birth Date (mm/dd/yy)
		☐ M ☐ F	**Self**	
		☐ M ☐ F		

Primary Care Physician Anthem Blue Cross HMO, SCAN Health Plan, UnitedHealthcare Medicare Advantage HMO subscribers

FOR OFFICE USE ONLY			
INITIALS	YEARS OF SERVICE	MEDICAL SUB/PART	EFFECTIVE DATE

OVER
See back for signature

LACERS
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM
Securing Your Tomorrows

3. LIST SELF AND ANY ADDITIONAL ELIGIBLE DEPENDENTS TO BE ENROLLED IN THE MEDICAL PLAN (continued)

Last Name, First Name, Middle Initial	Social Security Number	Gender	Relationship	Birth Date (mm/dd/yy)
		☐ M ☐ F		
		☐ M ☐ F		

Primary Care Physician Anthem Blue Cross HMO, SCAN Health Plan, UnitedHealthcare Medicare Advantage HMO subscribers

4. MEMBER AUTHORIZATION

I understand this election will remain in effect as long as I remain eligible, or until I make another election during the Open Enrollment period. I hereby authorize: 1) LACERS to deduct from my retirement allowance my share of the monthly premiums as may be established from time to time in the service agreement; and 2) any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay claims under the plan selected. I want to enroll myself and those dependents listed above in the plan elected. I understand that it is my responsibility to report any change in the eligibility of my dependents and that the benefits or services of the elected plan are coordinated with those provided by any other group hospital or medical benefit or service plan. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees and providers) may be subject to binding arbitration. I understand that LACERS will select the earliest coverage date possible for me unless I notify them otherwise.

MEMBER'S SIGNATURE **DATE SIGNED**

MAIL TO: **LACERS, Attn: Health Benefits Administration**
202 W. First St., Suite 500
Los Angeles, CA 90012-4401

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.