



# Washington Teachers' Union

***Amplifying the Voice of DC Teachers***

*Elizabeth A. Davis, President*

1239 Pennsylvania Avenue, S.E. Washington, D.C. 20003 • 202.517.1477 • www.wtulocal6.org

## NEW RETIREE MEMBERSHIP AND BENEFITS APPLICATION

*Only complete this form if you retired in the calendar year 2020*

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Male \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

SSN: \_\_\_\_\_

*(Required if enrolling in health benefits)*

Birth Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

If you retired in the calendar year 2019 and want to continue dental and vision coverage, you must pay for Dental and Vision benefits along with WTU Retiree Chapter Dues for the remainder of 2019. Please refer to the attached pro-rated chart for the amount you must pay.

**To continue your coverage through the year 2020, you must re-enroll in  
Dental and Vision benefits during Open Enrollment: November 1 – 30, 2019**

**If you miss the open enrollment period, you may be dropped from your plan and must wait until  
the next open enrollment period to re-enroll.**

## 2019 – 2020 MEMBERSHIP DUES

### Retiree Chapter Membership Dues **\$55**

\*Please note, you MUST pay retiree dues to be eligible for Dental and/or Vision benefits.

## 2019 - 2020 VISION and DENTAL BENEFITS

2020 VISION Prorated Premiums	
Check Month to Begin Coverage	PREMIUM
January	\$ 264.48
February	\$ 242.44
March	\$ 220.40
April	\$ 198.36
May	\$ 176.32
June	\$ 154.28
July	\$ 132.24
August	\$ 110.20
September	\$ 88.66
October	\$ 66.12
November	\$ 44.08
December	\$ 22.04

2020 DENTAL Prorated Premiums		
Check Month to Begin Coverage	SINGLE PREMIUM	FAMILY PREMIUM
January	\$ 471.60	\$ 943.20
February	\$ 432.30	\$ 864.60
March	\$ 393.00	\$ 786.00
April	\$ 353.70	\$ 707.40
May	\$ 314.40	\$ 628.80
June	\$ 275.10	\$ 550.20
July	\$ 235.80	\$ 471.60
August	\$ 196.50	\$ 393.00
September	\$ 157.20	\$ 314.40
October	\$ 117.90	\$ 235.80
November	\$ 78.60	\$ 157.20
December	\$ 39.30	\$ 78.60

**CIRCLE PLAN TYPE:**

**IN-NETWORK ONLY PLAN**

**PPO PLAN**

**TOTAL 2020 Coverage Cost = \_\_\_\_\_** (ADD: \$55 Dues + Dental Premium + Vision Premium)

**Notice:** You are required to sign-up for membership in the WTU Retiree Chapter along with Vision and Dental benefits during open enrollment for the year 2020.

Open enrollment for 2020 is **November 1– 30, 2019**. If you miss the enrollment period for 2020 benefits, you will not receive coverage during 2020 and will have to wait for the next open enrollment period to obtain Dental and Vision benefits.

**THIS IS NOT A HEALTH INSURANCE PLAN.**

THIS PLAN COVERS ONLY DENTAL AND/OR VISION BENEFITS,  
DEPENDING ON YOUR ELECTION.

# FAMILY/DEPENDENT INFORMATION

You may photocopy and complete this portion of the form to include more than three dependents

## Dependent 1

Full Name: \_\_\_\_\_  
*Last* *First* *MI*

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship: Spouse  Child  Domestic Partner  Child of Domestic Partner

Date of Birth: \_\_\_\_\_ Male  Female

Disabled? YES  NO

Full Time Student? YES  NO

**\*\*Verification:** Please attach a copy of one of the following forms of verification

**Child:** Birth certificate  
**Adopted child:** Adoption certificate  
**Spouse:** Marriage certificate  
**Child of domestic partner:** Marriage certificate and birth certificate

## Dependent 2

Full Name: \_\_\_\_\_  
*Last* *First* *MI*

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship: Spouse  Child  Domestic Partner  Child of Domestic Partner

Date of Birth: \_\_\_\_\_ Male  Female

Disabled? YES  NO

Full Time Student? YES  NO

**\*\*Verification:** Please attach a copy of one of the following forms of verification

**Child:** Birth certificate  
**Adopted child:** Adoption certificate  
**Spouse:** Marriage certificate  
**Child of domestic partner:** Marriage certificate and birth certificate

## Dependent 3

Full Name: \_\_\_\_\_  
*Last* *First* *MI*

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship: Spouse  Child  Domestic Partner  Child of Domestic Partner

Date of Birth: \_\_\_\_\_ Male  Female

Disabled? YES  NO

Full Time Student? YES  NO

**\*\*Verification:** Please attach a copy of one of the following forms of verification

**Child:** Birth certificate  
**Adopted child:** Adoption certificate  
**Spouse:** Marriage certificate  
**Child of domestic partner:** Marriage certificate and birth certificate

## PAYMENT

Please make checks payable to **WTU Retiree Chapter**. Your enrollment will not be processed until payment is received. Please remember to include enrollment application with a check.

**Mail To:** Membership Department-Retiree Benefits  
1239 Pennsylvania Ave, SE  
Washington, DC 20003

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please call the Membership Department at 202-517-0728 if you have questions.**