

**Washington Counties Insurance Fund**  
**Retiree Age 65+ Benefits Plan Enrollment Form**  
**Underwritten by: United American Insurance Company**

EFFECTIVE DATE: \_\_\_\_\_

**INFORMATION MUST BE AN EXACT MATCH TO MEDICARE ID CARD (Please Print)**

**RETIREE INFORMATION**

Name (First Middle Last): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Gender:  Male  Female Date of Retirement: \_\_\_\_\_

**IMPORTANT: By enrolling in the United American Medical Plan, you will automatically be enrolled in the United American Medicare Prescription Drug Plan. You are required to be enrolled in Medicare Part A and Part B but you may NOT enroll in Medicare Part D.**

**SPOUSE INFORMATION (If electing for Spouse Only, please list the Retiree's name above)**

Name (First Middle Last): \_\_\_\_\_

Street Address (if different than retiree): \_\_\_\_\_

City, State, Zip (if different than retiree): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Gender:  Male  Female

**PLAN SELECTION**

- I elect to participate in the WCIF Retiree Benefits - **Low Plan F** (with high deductible) | 2020 Rate\* = \$246.50
- I elect to participate in the WCIF Retiree Benefits - **High Plan F** (no deductible) | 2020 Rate\* = \$434.50
- I elect to participate in the WCIF Retiree Benefits - **Plan G** | 2020 Rate\* = \$421.50
- I decline coverage in the WCIF Retiree Benefits Plan.

\* Rates listed are amount per month for each enrollee.

**IMPORTANT: By enrolling in the United American Medical Plan, you will automatically be enrolled in the United American Medicare Prescription Drug Plan. You are required to be enrolled in Medicare Part A and Part B, but you may NOT enroll in Medicare Part D.**

**ELECTION LEVEL**

- Retiree Only  Retiree and Spouse  Spouse Only

**SIGN AND DATE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return your completed enrollment form in the return envelope provided.**  
Questions? Contact the Vimly Retiree Department at 206-859-2691 or [wcif@vimly.com](mailto:wcif@vimly.com)