

RETURN THIS FORM TO TVA
BENEFITS WITHIN 30 DAYS OF
RETIREMENT

TVA SENSITIVE INFORMATION

TVA Retiree Medical Application

TVA Benefits, 400 West Summit Hill Drive, WT 8D-K, Knoxville, TN 37902

Telephone - 888-275-8094

Last Name		First		Middle		TVA Employee ID (No SSN)	
Street Address		Apt. No.	City			State	Zip
Telephone Number ()		Termination Date (mm/dd/yyyy):		Personal Email Address			

☐ Check here if this is a new address

I and/or my dependent is eligible for Medicare: ☐ Yes ☐ No

***If Yes, see important note below regarding contacting Via Benefits for enrollment**

Please Mark All Appropriate Elections					
<u>TVA Medical Plan</u>			<u>Via Benefits Medicare</u>		
A.	☐ Self	☐ Spouse	☐ Dependent Child(ren)	☐ Self	☐ Spouse ☐ Dependent Child(ren)
B.	Options:			* To enroll in a supplemental Medicare plan through Via Benefits, you should contact them at 844-620-5725 prior to your active coverage ending. This form does NOT constitute enrollment.	
☐	80% PPO				
☐	Consumer-Directed Health Plan-Gold*				
☐	Consumer Directed Health Plan-Silver*				
*You must complete HSA Authorization section below to open a Fidelity HSA.					

Dependent's Information (Including Spouse): (See page 3 for definition of eligible dependents)

	<u>Last Name</u>	<u>First</u>	<u>Middle</u>
1.			
2.			
3.			
4.			

HSA Authorization - CHECK ONE BOX, if applicable

☐ By checking this block, I certify that, I am covered by a CDHP and currently have an HSA with Fidelity, and I will be eligible to receive a TVA HSA contribution. I understand my request will be forwarded to Fidelity for processing. Eligible accounts that are not reassigned as a retiree account will not receive the annual TVA contribution.

If, as a retiree, you will no longer be eligible to participate in an HSA but have any eligible dependents that will remain on one of TVA's Consumer-Directed Health Plans and are eligible to participate in an HSA. **Print** the name of the eldest eligible dependent below and follow the instructions on page 3.

OR

☐ I am newly eligible for an HSA account and need to open an account as a retiree. I understand that I must go to nb.fidelity.com and create an account using TVA as the "employer." **Accounts that are not opened utilizing this method will not receive the TVA contribution.**

HSA Eligible Dependent (Last Name, First Name) _____

HSA eligibility requirements are listed on page 3.

TVA SENSITIVE INFORMATION

Method for Ongoing Payments: If you do not receive a monthly pension, or your monthly pension does not allow for your full medical plan deduction, you must have your premium deducted from your bank account. If premiums are not paid, coverage will be canceled for nonpayment, and you may not be reinstated.

- ☐ **PENSION PAYROLL DEDUCTION AUTHORIZATION.** By checking this block, you authorize TVA to deduct your medical plan premiums from your TVARS check.
- ☐ **BANK DRAFT DEDUCTION.** You may have your premiums automatically deducted from your bank account. If you choose this option, complete form TVA 17534, available electronically or from TVA Benefits.

I certify that the statements and answers provided on this form are complete and true to the best of my knowledge. I understand that any false answers or misstatements could result in criminal prosecution leading to a fine, imprisonment, or both under 18 USC SEC. 1001. I also understand that a false answer or misstatement could result in coverage being declared null and void as of its effective date. I understand the following:

TVA reserves the right to amend, modify, suspend or terminate its retiree health plans, in whole or in part. Amendments, modifications, suspensions or terminations to the TVA retiree health plans may be made for any reason, and at any time, and may, in certain circumstances, result in the reduction or elimination of benefits or other features of the plans to the extent permitted by law. TVA's rights described above include the right, at any time, to (i) obtain coverage and/or administrative services from additional or different insurance carriers or third-party administrators, (ii) revise the amount of the retirees' contributions toward the cost of coverage, and (iii) revise or eliminate TVA's contributions toward the cost of coverage.

Sign and date: Signature _____ Date _____

Return completed form to TVA Benefits:

Email – Benefits@tva.gov

Tennessee Valley Authority
Benefits, WT 8D-K
400 West Summit Hill Drive
Knoxville, Tennessee 37902

TVA SENSITIVE INFORMATION

Service Dates

Before you terminate, review your service dates through the PLUS Portal (go to Personal Information Summary and then scroll to the bottom). These dates could affect your benefits at retirement. Contact HR Support Services if you have questions about your service dates.

Consumer-Directed Health Plan (CDHP) enrollees

You must meet the following requirements to be eligible for an HSA:

- Must be covered by an HSA-qualified high-deductible health plan. This means you must be enrolled in one of TVA's CDHP medical plan options to be eligible for the HSA.
- Cannot be enrolled in Medicare, TriCare, or have accessed your VA medical benefits in the past 90 days
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be covered by another health plan that is not HSA-qualified (with some exceptions, including vision coverage, dental coverage, accident and disability coverage, and employee assistance programs)

Spouses of retirees, or the eldest dependent child (minimum age of 18), who remain on a Consumer-Directed Health Plan that are eligible to receive the TVA contribution, will be responsible for opening an account in their name with Fidelity by visiting nb.fidelity.com and creating an account, using TVA as the "employer." **Accounts that are not opened utilizing this method will not receive the TVA contribution.**

For more information about health savings accounts, contact Fidelity at (800)-544-3716.

Dependent Eligibility Requirements for Participation in TVA-Sponsored Medical Plans

Dependent is the subscriber's:

- a. spouse
- b. natural child or adopted child, foster child, stepchild, or child for whom the subscriber is legal guardian or for whom the subscriber has legal custody, under the age of 26

A child is considered a foster child if:

- a. TVA received the application to cover the child within 30 days prior to the placement or date the child established residency, whichever is earlier;
- b. the placement is for a minimum of 25 days per month and expected to exceed one year; and
- c. the medical expenses of the child are not covered by any other group coverage, or by the agency through which the child was placed.

Notarized statements of custody, guardianship, adoption, foster care, or legitimacy are not acceptable documentations. Copies of the actual legal papers as issued with the final decree from the respective court or legal placement papers issued by the authorized agency are required.

Coverage for dependent children may be continued past the age limit if they are unable to support themselves because of physical handicap or mental retardation which began before age 26. The disability must be certifiable by a physician. TVA must receive this certification within 31 days prior to the date coverage would otherwise end. TVA may also require continued proof of the disability from time to time.

Please note: It is the retiree's responsibility to report to TVA any changes in your dependent eligibility. (For example: divorce or dependent child's loss of eligibility.)