

# RETIREE MEDICAL PLAN ELECTION FORM 2026

PLEASE PRINT

Retiree Name (Last, First, Middle Initial)	TVA EIN
Subscriber Name (if not retiree)	Subscriber SSN (if not retiree)
Address (Street, City, State, Zip Code)	Phone Number

My retiree medical plan election for 2026 is: (Check the appropriate box)

80% PPO Plan	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
CDHP Gold	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
CDHP Silver	<input type="checkbox"/> Individual	<input type="checkbox"/> Family

Waive all coverage\*       Cancel spouse coverage only       Cancel dependent (other than spouse) coverage only

List the dependents (other than spouse) for whom you are canceling medical coverage effective 01/01/2026.

Dependent Name	Dependent SSN

This authorizes a change in my monthly premium to be effective with the payment for January 2026 coverage.

I understand that this option will remain in effect for all of calendar year 2026 and I may not change my election.

\*By waiving all medical coverage, I understand that I will not be offered another opportunity to enroll in a TVA-sponsored retiree medical plan. By canceling coverage for my spouse, I understand that my spouse will not be offered another opportunity to enroll in a TVA-sponsored retiree medical plan. By canceling coverage for my dependent for reasons other than loss of eligibility, I understand that my dependent will not be offered another opportunity to enroll in a TVA-sponsored retiree medical plan. By canceling coverage for my dependent due to loss of eligibility, I understand that my dependent will not be allowed coverage in the future unless the dependent again becomes eligible.

**HSA Election: You must complete this section to open a health savings account (HSA) with Fidelity. TVA contributions cannot be provided without a Fidelity HSA.**

Please review **Fidelity's Terms and Conditions** at [www.fidelity.com/simplehsaterms](http://www.fidelity.com/simplehsaterms).

*I acknowledge that the Fidelity HSA is governed by a pre-dispute arbitration clause, which appears on the last page of the HSA Brokerage Customer Agreement in the Fidelity HSA Documents acceptable in the Terms and Conditions mentioned above, and which I represent having read and agreed to.*

As a TVA Retiree, I understand that I must open an HSA with Fidelity in order for TVA to deposit its HSA contribution. By selecting "Yes," I am authorizing TVA to submit information to Fidelity to begin that process. Fidelity will contact me directly with instructions on how to complete the enrollment process.

Yes, I authorize TVA to submit information to Fidelity to open a health savings account in my name

No, I do not authorize TVA to submit information to Fidelity to open a health savings account in my name

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

This form must be received by TVA Benefits & Well-being no later than November 12, 2025, in order for this change to be made. Return your completed form to [Benefits@TVA.gov](mailto:Benefits@TVA.gov)