

Pre-Medicare / Non-Medicare SHARP Form - 2025

Retiree Name: _____ SSN: _____

	Retiree Name	Spouse Name
	DOB:	DOB:
	SSN:	SSN:

Pre-Medicare		
Pre-Medicare - \$527/month/person		
Minus Pre-Medicare Earned Credit	-	-
Net Pre-Medicare Cost	\$ 0.00	\$ 0.00

Pre-Medicare Dental/Vision/Hearing- \$107/month/person		
Pre-Medicare Rx - \$159/month/person		
Gross Pre-Medicare DVH and/or Pre-Medicare Rx Cost	\$	\$
Minus PreMedicare Rx/DVH Earned Credit	-	-
Net Cost	\$ -	\$ -
Total Pre-Medicare/DVH/Rx:	\$ 0.00	\$ 0.00

Non-Medicare			
	Dependent Child Name	Dependent Child Name	Dependent Child Name
	DOB:	DOB:	DOB:
	SSN:	SSN:	SSN:
Non-Medicare -- \$199/month/child			
Minus Earned Credit	-	-	-
Net Non-Medicare Cost	\$ 0.00	\$ 0.00	\$ 0.00

Total Cost for All Options Selected	\$
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Please enroll me in the SHARP coverage as requested above. I authorize SHARP to deduct monthly contributions based on the options I have selected. If the cost is greater than my pension, I will make advance monthly payments. I understand that:

- SHARP Pre-Medicare Medical and Prescription Drug options will cease at age 65 when I will be given opportunity to join an exchange option.
- My non-eligible spouse may participate in SHARP, but will receive no financial assistance towards options selected.
- SHARP's Prescription and Pre-Medicare options include calendar year deductibles and maximums, neither of which will be prorated during enrollment year.
- It is my responsibility to notify SHARP when any children enrolled above are no longer eligible to participate.
- The Pre-and Non-Medicare options are part of a PPO network. **The use of out-of-network providers without prior authorization will result in no payment by the Plan.**
- The Pre-Medicare medical option does not include Rx or DVH.
- All service credit and other information will be reviewed by the Retirement Office before finalization. A SHARP representative will contact me to review my selections. If I change my address/phone before Benefits are processed, I will notify Adventist Retirement.
- SHARP does not provide annual or three-year anniversary open enrollments.

Retiree Signature _____ Date _____

Effective date of Options Selected: _____

Application must be signed and returned within 30 days of retirement effective date.

Adventist Retirement
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