

2025 SHARP ENROLLMENT FORM

Disability with Medicare Only

Retiree Name: _____

SSN: _____

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

SHARP Disability with Medicare

Base - \$60/month/person

DVH - \$107/month/person

Rx - \$159/month/person

Gross Standard SHARP Cost

Minus Standard SHARP

Earned Credit

\$ -	\$ -
-	-

Standard SHARP Cost:

Total:

\$ -	\$ -
-	

Please enroll me in the SHARP coverage as requested above. I authorize SHARP to deduct monthly contributions from my pension. If there are no monthly pension funds to cover this amount, I will make advance monthly payments. I understand that:

- SHARP provides BASE Medical, Dental/Vision/Hearing (DVH) and Prescription Drug (Rx) options. The BASE Medical does not include DVH and Rx, which must be selected independently.
- SHARP BASE Medical and Rx options will cease at age 65 when I will be given an opportunity to join a Medicare exchange option through Alight Retiree Health Solutions.
- My non-eligible spouse may participate in SHARP, but will receive no financial assistance towards options selected.
- SHARP's BASE Medical, Rx and DVH options include calendar year deductibles and/or maximums, neither of which will be prorated during enrollment year.
- If I do not enroll in SHARP DVH now, I will have an open enrollment upon my 65th birthday. SHARP does not provide annual or three-year anniversary open enrollments.
- Upon age 65+ enrollees must enroll directly in Medicare A and B. Medicare rules regarding delayed enrollment in Medicare B (outpatient) or Medicare D (prescription drug coverage) may result in a Medicare premium penalty. It is my responsibility to enroll with Medicare on a timely basis.
- All service credit and other information will be reviewed by the Retirement Office before finalization. A SHARP employee will contact me to step through my selections. If my address/phone changes before processing, I will contact Adventist Retirement.

Retiree Signature _____

Date _____

Effective Date of Options Selected: _____

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

2025 SHARP ENROLLMENT FORM
Disability with Medicare Only

Columbia, MD 21046

SHARP@nadadventist.org