



Denver Employees Retirement Plan  
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 Denver, Colorado 80203  
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**INSURANCE ENROLLMENT/CHANGE FORM**  
**Pre-Medicare Medical, Dental, and Vision**

New Retiree    Open Enrollment    Life Status Change

Effective Date: \_\_\_\_\_

Print name: \_\_\_\_\_  
 (Last Name, First Name, M.I.)

DERP ID #: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender: M / F

Residence Address: \_\_\_\_\_  
 (Street, Avenue, Road, etc.) (City, State, Zip Code) (County)

Daytime Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**HEALTH PLAN SELECTION:**

Which plan do you wish to enroll in? **(Check one)**

- Denver Health Medical Plan HDHP    Denver Health Medical Plan HMO    Kaiser Permanente HDHP  
 Kaiser Permanente DHMO    United Healthcare HDHP    United Healthcare CDP   \*See page 2 for PCP information

Who do you want to cover? **(Check one)**

- Member    Member + Spouse    Member + Child(ren)    Member + Spouse + Child(ren)

**DENTAL PLAN SELECTION:**

Which plan do you wish to enroll in? **(Check one)**

- CIGNA DHMO\*    CIGNA PPO Low    CIGNA PPO High    Delta EPO    Delta PPO Low    Delta PPO High

\*CIGNA DHMO requires you to select a dentist to enroll. Please complete provider code(s) below. Provider codes can be found through the CIGNA website, [www.cignadental.com](http://www.cignadental.com), or by calling CIGNA Dental at 1-800-244-6224.

Member: \_\_\_\_\_ Spouse: \_\_\_\_\_ Child(ren): \_\_\_\_\_  
 Provider Code                      Provider Code                      Provider Code

Who do you want to cover? **(Check one)**

- Member    Member + Spouse    Member + Child(ren)    Member + Spouse + Child(ren)

**VISION PLAN SELECTION:**

Which plan do you wish to enroll in? **(Check one)**

- VSP

Who do you want to cover? **(Check one)**

- Member    Member + Spouse    Member + Child(ren)    Member + Spouse + Child(ren)

