



AlaskaCare Retiree Dental-Vision-Audio (DVA) Election Form

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251
drb.alaska.gov

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
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Use this form to make your DVA elections.

Please indicate your retirement system: PERS TRS JRS EPORS MEBA

SECTION I. PERSONAL DATA

(Please type or print clearly)

RETIREE / SURVIVOR NAME (LAST / FIRST / MI)	SOCIAL SECURITY NUMBER
CONTACT TELEPHONE NUMBER ()	EMAIL ADDRESS

SECTION II. DENTAL-VISION-AUDIO (DVA) BENEFITS

You have a choice between two dental plans. Your DVA plan choice (standard or legacy) will apply to any/all retirement systems in which you are paying for DVA coverage.

- Standard plan
- Legacy plan

THINGS TO REMEMBER

- Vision and audio benefits are the same in both plans.
- You will have an opportunity to change your dental plan during next year's open enrollment.

I elect the following DVA plan:	I elect the following DVA coverage:	Premiums:	
		<u>Standard</u>	<u>Legacy</u>
<input type="checkbox"/> Standard DVA plan	<input type="checkbox"/> DVA coverage for myself (retiree/survivor) only	\$ 69	\$ 69
<input type="checkbox"/> Legacy DVA plan	<input type="checkbox"/> DVA coverage for myself and my spouse	\$138	\$138
	<input type="checkbox"/> DVA coverage for myself and children.	\$125	\$125
	<input type="checkbox"/> DVA coverage for myself, my spouse, and children	\$196	\$196

If you have multiple retirement systems, your DVA coverage level can vary, but the DVA plan type (standard or legacy) applies to all retirement systems in which you are paying DVA premiums.

If you wish to terminate your DVA coverage, you may do so at any time in writing. Contact the Division for more information.

SECTION III. CERTIFICATION AND SIGNATURE

In completing this election, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than \$500.00 or by imprisonment for not more than twelve months or both. AS 39.35.670; AS 11.56.210. I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and/or benefits from the system unlawfully may also be required to make restitution.

RETIREE / SURVIVOR SIGNATURE	DATE
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