

Workstation _____

Survivor Health/Dental/Vision Continuation Form



With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Deceased's Social Security number or UIN

_____-_____-_____
Survivor's Social Security number or UIN

Deceased's name (last, first, middle initial)

Survivor's name (last, first, middle initial)

Deceased's date of death

Survivor's date of birth

I am a survivor of a _____ retiree _____ employee (please check one.)

In the event of the death of a Texas A&M University System employee or retiree, a surviving spouse who meets the eligibility requirements listed below can continue health, dental and/or vision coverage indefinitely. Surviving children who were covered at the time of the person's death can continue coverage until they reach age 25 or marry, whichever occurs first. Dependents who were not covered at the time of the employee's/retiree's death cannot be added to coverage. Survivors are not eligible to receive the employer contribution to apply toward premiums. Health, dental and vision premiums for survivors are shown on page 2 of this form. *Once survivors and/or any dependents cancel coverage, coverage cannot be reinstated.*

Eligibility requirements for continuation of health, dental and/or vision coverage are as follows:

- If the deceased was a retiree of the A&M System, the surviving spouse can continue coverage indefinitely if he/she was covered at the time of the death. Dependent children who were covered at the time of the retiree's death may remain covered until they reach age 25 or marry. Coverage for permanently disabled children may continue indefinitely, subject to coverage rules for disabled children.
- If the deceased was an active employee who had at least five years of creditable service with Teacher Retirement System of Texas (TRS) or Optional Retirement Program (ORP), including three years of service as a benefits-eligible employee with the A&M System, the surviving spouse can continue coverage indefinitely if he/she was covered at the time of the death. Dependent children who were covered at the time of the employee's death may remain covered until they reach age 25 or marry. Coverage for permanently disabled children may continue indefinitely, subject to coverage rules for disabled children.

A survivor of an individual who meets the conditions listed above has 60 days from the end of the month during which his/her spouse or parent dies to choose to continue coverage. A survivor of an individual who does not meet the conditions listed above can continue coverage through COBRA and should contact the deceased's Human Resources office.

Health/Dental/Vision Continuation

- If you want to continue health coverage, state your current plan's name: _____
- If you want to continue dental coverage, check your current plan:
A&M Dental ___ Dental HMO ___
- If you want to continue vision coverage, check here: _____
- If you want to continue coverage on your dependent children only and not on yourself, or if you are a dependent child and you want to continue coverage, check here: _____
- If you are in an HMO and you are moving out of the service area, write your new health plan choice here (A&M Care or an HMO in your new area): _____
- If you are in A&M Care and wish to change to a different A&M Care plan, check the plan you want: A&M Care 350 _____ A&M Care 1250 _____ 65 PLUS _____

Date Stamp

Dependent Children Information

To continue coverage for currently covered dependent children, complete the following and place a check beneath the coverage you wish to continue for each dependent (list additional dependents on a separate page):

Dependent Child's Name	Social Security number/UIN	Birthdate (mo/day/yr)	Health	Dental	Vision

