RETIREE MEDICAL INSURANCE PLAN ELECTION FORM

Underwritten by: Transamerica Financial Life Insurance Co, Harrison, NY (an AEGON company)

Your election form must be signed and returned PRIOR to your effective date to put your coverage in force!

Retiree Information (Please print)

Name		Date of Birth	
Address		Social Security Number	
City		Sex	Phone Number
State	Zip Code	Medicare ID# *(From Medicare Id card):*	
Hospital (Part A) effective date *(from Medicare ID card):*		Medical (Part B) effective date *(from Medicare ID card):*	
Email Address		Date of Retirement	

Spouse Information (if enrolling)

Name		Date of Birth	
Sex		Social Security Number	
Date of Retirement		Medicare ID# *(From Medicare Id card):*	
Hospital (Part A) effective date *(from Medicare ID card):*		Medical (Part B) effective date *(from Medicare ID card):*	

Please Choose Type of Coverage

Effective Date: **Check Desired Coverage:**	**Retiree Only**	**Retiree & Spouse**	**Surviving Spouse**
Medical Plan Option:			

Please Complete the Following Information:

Do you (or your spouse, if enrolling) currently have any Medicare Supplement policies or certificates in force (including Health Maintenance Organization contract or Health care service contract)?

Retiree (if enrolling): ☐ Yes ☐ No Spouse (if enrolling): ☐Yes ☐No

a) If YES*, with which company? _____

b) What kind of policy / certificate? _____

c) Length of time you have had coverage? _____ Years_____ Months_____

d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form?
☐ Yes ☐ No

*I understand it is my responsibility, if I desire to do so, to cancel my current coverage, if any, by notifying the Provider or Plan Administrator of such coverage.

Fraud Warning:

NY Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Please Sign and Date:
I/We hereby enroll in the Columbus McKinnon Retiree Medical Insurance Plan provided under group Policy Form number MZ0200634H0001A issued by Transamerica Financial Life Insurance Company. I/We am/are 65 or over and covered by Medicare Parts A & B. I/We understand that to be eligible for this coverage, I/We must already have other comprehensive health coverage or an HMO. If I/We do not already have other comprehensive health coverage or an HMO, I/We am/are not eligible for this coverage. I/We understand this insurance will be effective on the date shown on the certificate schedule.

Release of Information:
By joining this medical plan, I acknowledge that my information will be released to Medicare and other plans as is necessary for treatment, payment and health care operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled.

I understand that my signature (or that of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that this person is authorized under State law to complete this enrollment and documentation of this authority is available upon request by Medicare.

Date:	**Retiree Signature:**
Date:	**Spouse/Surviving Spouse Signature:**

If you are an authorized representative, you must sign above and provide the following information:
Name:_____

Address:_____

Phone Number:_____

Relationship to Retiree:_____

Please return signed election form to:
AmWINS Group Benefits
50 Whitecap Drive, North Kingstown, RI 02852

For Customer Service, please call: 1-888-883-3757
Monday through Friday, 8:00 AM to 8:00 PM EST