



City Retiree Premium Reimbursement Program Participation Form

**Human Resources
Department**

P.O. Box 2511
Winston-Salem, NC 27102
CityLink 336.727.8000
Fax 336.748.3053
Jobline 336.631.6496

- Yes, I wish to waive out of the City's offered Medicare Advantage HMO Group Plan and enroll in an individual Medicare Advantage, Medicare Supplemental, Medigap, and/or Prescription Drug Plan of my choice. Furthermore, I understand if I decide to participate in the City's offered Medicare Advantage HMO Group Plan at a later date or change to another Individual Plan outside of the Medicare open enrollment period, I may need to contact Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE for eligibility and applicable premium penalty(ies).

Please complete the information below:

Name: _____

Street Address/PO Box: _____

City/State/Zip Code: _____

Individual Plan Name: _____

Effective Date: _____

Amount of Monthly Premium: _____

Please submit completed form to City of Winston-Salem Human Resources Department at :

**City of Winston-Salem Human Resources Department
PO Box 2511
Winston-Salem, NC 27102**

Reimbursements will be administered by Flores and Associates on behalf of the City of Winston-Salem. Please submit completed Premium Reimbursement Affidavit Form along with your documentation of paid premium directly to Flores and Associates. See Policy and Procedures for contact information.



City Council: Mayor Allen Joines; Vivian H. Burke, Mayor Pro Tempore, Northeast Ward; Denise D. Adams, North Ward; Dan Besse, Southwest Ward; Robert C. Clark, West Ward; Molly Leight, South Ward; Wanda Merschel, Northwest Ward; Derwin L. Montgomery, East Ward; James Taylor, Jr., Southeast Ward; City Manager: Lee D. Garrity