City of Milwaukee
Health Plan Enrollment Form Instructions

Available Health Plan Choices:
- UnitedHealthcare CHOICE EPO Plan
- UnitedHealthcare CHOICE PLUS PPO Plan
- UnitedHealthcare HDHP Plan **(available to active full time City employees only—no agency employees or retirees)**

General Instructions:
1. Active employees must include their 6 digit Employee Identification number, agency and retired employees must include ID numbers assigned from agencies/ERS. Individuals that fail to include this information in Section A will have the health plan enrollment application returned to them.
2. Complete all sections of the Health Plan Enrollment Form that apply.
3. In Section B, list each eligible dependent, including Social Security Number and relationship to the subscriber (employee/retiree). Social Security numbers for each dependent are required.
4. Failure to provide complete and accurate information will cause delays in processing the application, start of coverage and issuance of Health Plan ID cards.
5. Return the completed application to the following Departments:
   - **Active Employees:** Department of Employee Relations, City Hall Room 706
   - **HACM, WCD & MEDC Employees:** respective departmental payroll personnel
   - **Retirees, Disability Employees/Retirees, and Surviving Spouses:** Employes' Retirement System, 789 N. Water Street, Suite 300, Milwaukee, WI 53202.
6. Domestic Partnership registration must be completed prior to adding a Domestic Partner to the health plan. Contact Employee Benefits at 414-286-2178 for additional information.
7. Late applications will not be accepted. See the Benefit Guide for more information on Open Enrollment Period dates and the 31 day rule for health enrollment coverage.
8. Do NOT mail the health enrollment application to the health plan.

Section Specific Instructions:
- **SECTION A:** Select a health plan option by marking the appropriate box, enter the 6 digit identification number, SSN or Medicare ID number in each area. Include all name, address, and work related information.
- **SECTION B:** List name, gender, date of birth, social security number and relationship for each eligible dependent.
- **SECTION C:** Indicate reason for submitting enrollment application.
- **SECTION D:** Respond "yes" or "no" on all four questions. Provide required information for the questions marked "yes."
- **SECTION E:** Sign and date the enrollment form and return to Employee Benefits (active employees), the appropriate agency (agency employees) or the Employe's Retirement System (retirees). The enrollment form must be signed and dated by the employee or retiree or it will not be accepted.