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
TDD: (907) 465-2805
Fax: (907) 465-3086

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 OR RETIREMENT ID NUMBER (RIN)
CONTACT TELEPHONE NUMBER ( )	EMAIL ADDRESS

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

You have a choice between two DVA 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 dental benefits differ between plans.
- Audio benefits are the same in both plans.
- You will have an opportunity to change your DVA plan during next year's open enrollment.

I elect the following DVA plan:	**I elect the following DVA coverage:**	**Premiums:** *Standard*	*Legacy*
☐ Standard DVA plan	☐ DVA coverage for myself (retiree/survivor) only	$ 77	$ 80
☐ Legacy DVA plan	☐ DVA coverage for myself and my spouse	$154	$158
	☐ DVA coverage for myself, my spouse, and children	$219	$225
	☐ DVA coverage for myself and children.	$140	$143

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