



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DIVISION OF PERSONNEL



GERs COMPLEX, 3rd Floor
3438 Kronprindsens Gade
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Phone (340) 774-8588
Fax (340) 714-5040

Orange Grove Shopping Center Bay
Nos. 6, 7, 8
Christiansted, St. Croix, V.I. 00820
Phone (340) 718-8588
Fax (340) 773-5669

Mail or bring completed form with a copy of your Medicare card to Division of Personnel.

UHC Post 65 Enrollment Form

Please Print

Primary/Dependent (circle one)

Retiree Name:

If Dependent, please provide Primary's Name and SS #:

Social Security #:

DOB:

Gender:

Race:

Ethnicity:

Member Sexual Orientation

☐ Lesbian or gay ☐ Straight ☐ Bisexual ☐ I don't know ☐ _____

Member Gender Identity

☐ Woman ☐ Man ☐ Non-binary ☐ I choose not to answer ☐ _____

Date of Retirement:

Medicare ID #:

Part A Date:

Part B Date:

☐ UnitedHealthcare® Group Medicare Advantage (PPO) plan

Mailing Address:

City:

State:

ZIP:

Physical Address:

Work Phone:

Cell #:

Home Phone:

Email:

I give consent for UnitedHealthcare and its affiliates to call the phone number(s) I have provided using an autodialer and/or prerecorded voice technology.

☐ Restricted ☐ Unrestricted ☐ _____

My signature at the end of this statement certifies the accuracy of the preceding information and confirms my request to enroll in the United Health Care Medicare Supplement Plan requested above. I understand my information is protected by privacy laws and will be released only in accordance with applicable laws.

Signature	Date Complete:
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DOP Official Use Only

Date Received:	Rec'd by:
Change made on:	Change made by: