

# 55-64 HCTC Step-by-Step Process

**Assumption: This process is for a 9/1/09 effective date.**

**Applications will be accepted by Marsh well into September for a 9/1 start date.**

1. Receive Enrollment Packet in the Mail  
 You need to return the following to Marsh with the pre-addressed envelope (use 2 stamps):

Enrollment Form

The enrollment form includes sections for:
 

- Section I: Personal Information** (Last name, First name, SSN, Date of birth, Address, City, State, ZIP Code, Telephone number, Social Security Number, Sex, M/F, Alternate phone number, Date of Retirement, Email address)
- Section II: Coverage you are electing** (Effective Date for Coverage, 2009 Plan (Delphi Medical Plan), 2009 Plan (Delphi Health Plan), 2009 Plan (Delphi Vision Plan), 2009 Plan (Delphi Dental Plan), 2009 Plan (Delphi Prescription Drug Plan))

HCTC Registration Form

The registration form includes sections for:
 

- Part I: Give us general information**
- Part II: Determine your eligibility**
- Part III: Provide health plan information**
- Part IV: Gather supporting documents to send us**
- Part V: Access your account**
- Part VI: Sign and date this form**

Payment

Check or Money Order  
 (made out to:  
**DSRA Benefit Trust**)



2. Cancel your other insurance coverage by August 31<sup>st</sup>
  - a. Call National Benefit Center and follow their instructions. Write down your confirmation #.

**OR**

1-866-335-7444 and FAX: 859-825-6440

- b. If not on Delphi Self-Pay, call the number on the back of your ID card to cancel. Write down your confirmation #.

3. Receive your BCBSM ID card for Medical & Dental and Superior Vision ID card in the mail.

4. Receive a 2<sup>nd</sup> HCTC Monthly Registration Form in the mail. This was auto-generated as a result of the data transfer from the PBGC to the IRS.

If you have already filled out this form (from the Marsh enrollment packet) and have enrolled in the DSRA Benefit Trust, disregard this one. You should only use this form if you plan to use a qualified health plan other than the DSRA Benefit Trust Plan. Part VII of this packet does contain the IRS Reimbursement Request Form that could be used later though.



**Contact List - National Benefit Center**  
 1-866-335-7444, 1-888-688-2868 (TTY)  
 Hours of Operation: Monday through Friday, 7:30 A.M. to 4:30 P.M.

**International callers:**  
 International callers can reach the NBC toll-free numbers above from over 150 different countries by first dialing the country's toll-free AT&T Direct Access number and then the NBC toll-free number. To locate toll-free AT&T Direct Access numbers from anywhere in the world log on to <http://www.usa.att.com/roaming/fin/000001.jsp> or contact an AT&T operator for assistance.

**Ayco Financial Services:**  
 P.O. Box 15073  
 Albany, NY 12212-5073  
 1-800-437-6383

**COBRA:**  
 Payments:  
 Health Care Financial  
 P. O. Box 5140  
 Southfield, MI 48086-5140  
 All Other Correspondence  
 P. O. Box 14673  
 Lexington, KY 40512-4673

**Delphi Benefits Unit**  
 (Health Care, Life Insurance, and Life Claims):



