NORTH CAROLINA
ASSOCIATION OF COUNTY COMMISSIONERS

TRANSFER ACTIVE EMPLOYEE TO PRE-65 RETIREE PLAN

Group Name _____

Subscriber SSN Number _____

Subscriber Name _____
Last **First** **M.I.**

Last Address of Record _____

Date of Retirement _____

Retiree Coverage Type ☐ **Medical** ☐ **Dental**

List Dependents to be Covered on Retiree Plan _____ ☐ **Medical** ☐ **Dental**

_____ ☐ **Medical** ☐ **Dental**

_____

_____

_____ _____
Group Administrator Signature **Date**

Forms should be faxed to 919-719-1105 or mailed to:

County Health Plan
215 North Dawson Street
Raleigh, NC 27603
Phone: 1-866-237-9163