



## Deferred Health Option (DHO) Enrollment Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Spouse's Date of Birth

\_\_\_\_\_  
Social Security Number\*

\_\_\_\_\_  
Spouse's Social Security Number\*

\*Providing your Social Security number (SSN) is optional. Failure to provide it may result in processing delays or errors, but will not result in the denial of benefits. The full text of the FCPS SSN privacy notice can be found at [www.fcps.edu/DHR/applicants/disclosures.htm](http://www.fcps.edu/DHR/applicants/disclosures.htm).

Email Address \_\_\_\_\_

Please check all retirement plans that apply to you.

- Virginia Retirement System (VRS)
- Educational Employees' Supplementary Retirement System (ERFC)
- Fairfax County Employees' Retirement System (FCERS)

I understand that by taking advantage of this one-time enrollment opportunity and enrolling in the Deferred Health Option (DHO), I will be able to enroll myself and my eligible dependents in FCPS retiree medical and/or dental plans, if any, at a later date if I am:

- still married to the spouse named above; **and**
- enrolled in an employer-provided medical and/or dental plan that is carried by the spouse named above; **and**
- as a result of the death of said spouse or divorce from said spouse, I am no longer permitted to be enrolled in my current employer-provided medical and/or dental plan that is carried by said spouse at the time of his/her death or at the time of the divorce.

I further understand that I may only enroll in the **type** of plan (medical and/or dental) in which I lost coverage as a result of the death or divorce. Eligibility rules are subject to change.

I authorize the deduction of my DHO premium payments from my pension check. I understand that DHO payment by pension deduction is required of all DHO participants whose pension checks are of a sufficient amount to meet the DHO cost per month. I also understand that DHO payments in the form of a check from participants whose pension checks qualify for monthly DHO payment deduction will not be accepted by Fairfax County Public Schools.

If my pension check will not accommodate the deduction, I will make DHO payments by personal check and understand that my participation in the DHO is contingent upon timely premium payments to FCPS. I understand that I will not be billed and that my first payment needs to be made by my DHO effective date and should be made payable to: **Fairfax County Public Schools**. The DHO election form and first payment should be sent to the Office of Benefit Services, 8115 Gatehouse Road, Falls Church, VA 22042. All subsequent payments should be sent to: FCPS, P.O. Box 18096, Merrifield, VA 22118-0096. Please include name and last 4 digits of the social security number on the check.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date