



## Green River Collective Bargaining Unit Retiree Benefits Enrollment

You have 31 days from your retirement date to return your retiree enrollment election forms. If you do not complete and return your forms, you will not have retiree coverage. If your retirement benefits start date changes, the retiree rates reflected on this worksheet may also change.

### Retiree Medical and Dental

When you retire from Genesis Alkali you are eligible to elect pre-65 Retiree Medical and Dental coverage, until age 65, if you meet all of the following requirements:

1. You retire from active employment and are 55 or older.
2. You have 10 or more years of credited service at the time of your retirement.
3. You are enrolled in a Genesis Alkali Medical and Dental plan when you retire.

Pre-65 Retiree Medical and Dental Benefits will be effective the 1st of the month following your last day worked.

- When you and/or your spouse your coverage will end. Dependent child(ren) coverage will end when the dependent ages out at 26.
- **If you do not enroll yourself and your eligible dependents in the Genesis Alkali Pre-65 Retiree Medical and Dental Plan when you are first eligible, you permanently forfeit your right to enroll in the plan at a later date. You cannot enroll at any future time after this initial eligibility period.**
- If you enroll in the Genesis Alkali Pre-65 Retiree Medical and Dental Plan when you retire and decide to discontinue your Genesis Alkali coverage, you will not be able to re-enroll in the future.
- If you marry after enrolling in the Genesis Alkali Pre-65 Retiree Medical and Dental Plan, your new spouse and any other dependents are not eligible for Genesis Alkali Pre-65 Retiree Medical and Dental coverage.
- Although Genesis Alkali expects to continue providing eligible retirees the opportunity to participate in the Genesis Alkali Retiree Health Care Plan, the company reserves the right to amend or terminate the Plan at any time and for any reason.

### Dependents

- Only your eligible Pre-65 dependents who were insured on the last day of your active status are eligible for the Genesis Alkali Pre-65 Retiree Plan.
- Entitlement to dependent coverage is contingent on your dependent continuously satisfying the definition of “eligible dependent” under the Plan.

## Retiree Life Insurance

When you retire from Genesis Alkali you are eligible for Retiree Life and AD&D Insurance coverage if you meet all of the following requirements:

1. You retire from active employment and are 55 or older.
2. You have 10 or more years of credited service since your last date of hire at the time of your retirement.
3. You are enrolled in the Basic Life and Accidental Death and Dismemberment Insurance Plan at the time of your retirement.

The amount of your retiree Life and AD&D Insurance is \$4,000 if you have 10 to less than 15 years of service and \$7,000 if you have 15 or more years of service. AD&D coverage ends at age 65.

If you retire before age 65, you can continue the full amount of your Supplemental Life and AD&D coverage you had in effect as an active employee to age 65. You pay the full cost of any retiree supplemental coverage. Your premiums will be adjusted based on the negotiated group rates and will increase when you reach age 60. **Your Supplemental Life and AD&D coverage ends at age 65.**

Please complete the enclosed beneficiary designation form.

## Payments

By enrolling in the Genesis Alkali Pre-65 Retiree Medical Plan, Pre-65 Retiree Dental Plan and/or Retiree Supplemental Life insurance coverage you agree to pay your monthly contributions and will be sent monthly premium coupons. Payment instructions, which include where to send your payment, and monthly premium coupons, will be mailed to your address on record. Please do not send in your first payment with your enrollment forms, it may cause a delay in processing your payment.

## How to Enroll

Return completed and signed enrollment worksheet and life beneficiary designation form to:

Via USPS:           Genesis Energy, LLC  
                          Human Resources: Benefits  
                          919 Milam, Suite 2100  
                          Houston, TX 77002

Via email:           [BenefitsConnections@genlp.com](mailto:BenefitsConnections@genlp.com)

Via fax:              713-860-2641

## Confirmation Statement

- Your enrollment will be filed with Aetna Payflex, who administers our Retiree benefits.
- Once enrolled, a confirmation statement will be sent to your home address with information on how to make monthly payments.
- Carefully review your confirmation upon receipt, contact the BenefitsConnections team if you have any questions or concerns about your confirmation.

- **You will not have the opportunity to make changes to your elections until the 2021 Annual Enrollment Period.**
- **You can discontinue your Genesis Alkali retiree medical/dental coverage at any time, but you will not be able to reenroll in the future.**

#### Insurance Identification Cards

- You will receive new medical/dental ID cards approximately three weeks after your enrollment data has been provided to the insurance carrier.
- You can contact BCBSWY at 1-800-442-2376.
- You can contact Delta Dental at 1-800-932-0783.



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## 2020 Retiree Enrollment Worksheet

Retiree Name \_\_\_\_\_

Retiree SSN: \_\_\_\_\_

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

Retirement Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

### DEPENDENTS

Please complete dependent(s) to be covered below. Only dependents who are currently insured on your last day of active employment are eligible to be covered.

Name	Date of Birth	SSN	Gender	Relationship

### MONTHLY RATES

PRE-65 RETIREE MEDICAL PLANS Blue Cross Blue Shield of Wyoming	Retiree Only	Retiree +1	Family	Per Month Cost:
BCBSWY Low Deductible Health Plan	\$964.53	\$1,929.06	\$2,893.59	\$ _____
BCBSWY High Deductible Health Plan	\$651.25	\$1,303.57	\$1,954.81	
Waive Coverage	\$0.00	\$0.00	\$0.00	

PRE-65 RETIREE DENTAL PLANS Delta Dental	Retiree Only	Retiree +1	Family	Per Month Cost:
Hourly Low Deductible Plan	\$43.53	\$87.07	\$130.60	\$ _____
Hourly High Deductible Plan	\$30.48	\$60.95	\$91.41	
Waive Coverage	\$0.00	\$0.00	\$0.00	



<b>COMPANY PROVIDED RETIREE LIFE and AD&amp;D INSURANCE</b>	
<b>AD&amp;D coverage ceases at age 65</b>	
Retiree Life Insurance & AD&D : No cost to you	

<b>PRE-65 RETIREE SUPPLEMENTAL LIFE and AD&amp;D INSURANCE</b>	
<b>Your supplemental life and AD&amp;D coverage end at age 65</b>	
	<b>Per Month Cost</b>
Supplemental Life Insurance Amount:	\$ _____
Waive Coverage	

I hereby authorize to participate and pay the required contributions in the retiree plans.

**X** \_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date