

## IMPORTANT POINTS TO KNOW

**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, your spouse or your eligible dependent(s) reach age 65, your coverage will end.**
  - **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.
- Only dependent children under age 26 are eligible. Your eligible dependents include the following: biological children, legally adopted children, foster children placed with you by an authorized placement agency or by judgment decree, stepchildren and same-sex domestic partner’s children – dependent on your support.

▪ **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. There is no cost to you.**
  - 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. No evidence of insurability is required. 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.**
  - Complete the Retiree Life Insurance 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 are agreeing 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 your completed and signed enrollment worksheet and life beneficiary designation form to:  
Genesis Energy, LLC  
Human Resources: Benefits  
1735 Market St, 27<sup>th</sup> Floor  
Philadelphia, PA 19103

Or: Email – [BenefitsConnections@genlp.com](mailto:BenefitsConnections@genlp.com)

Fax – 203-724-0871



▪ **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 can discontinue your Genesis Alkali retiree medical/dental or supplemental life 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 BCBSTX at 1-800-521-2227.
- You can contact Delta Dental at 1-800-932-0783.



### 2024 Retiree Enrollment Worksheet

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

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

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

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

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

Telephone Number: \_\_\_\_\_  
 Area Code + Phone 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 costs

PRE-65 RETIREE MEDICAL PLANS Blue Cross Blue Shield of Texas		Retiree Only	Retiree +1	Family	Per Month Cost:
	BCBSTX Low Deductible Health Plan	\$1,103.36	\$2,372.07	\$3,190.84	\$ _____
	BCBSTX High Deductible Health Plan	\$746.46	\$1,457.93	\$2,155.91	
	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	\$64.26	\$128.53	\$192.80	\$ _____
	Hourly High Deductible Plan	\$44.99	\$89.97	\$134.95	
	Waive Coverage	\$0.00	\$0.00	\$0.00	

COMPANY PROVIDED RETIREE LIFE and AD&D INSURANCE AD&D coverage ceases at age 65	
	Retiree Life Insurance & AD&D : No cost to you

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

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

X  
Retiree Signature

\_\_\_\_\_  
Date