Denver Firefighters Health and Wellness Trust
Administered by WPAS, Inc.
Mailing: PO Box 34203, Seattle, WA 98124
Physical: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040
Local 720-943-4654 | Toll Free 800-781-1875 | Fax 855-855-7814
www.denverfirebenefits.com | retiredmember@denverfirebenefits.com

Date of Retirement	
Effective Date	**January 1, 2027**

2027 FIRE RETIREE ENROLLMENT FORM

2027 Open Enrollment: Monday, October 26, 2026 through Monday, November 16, 2026. Changes are effective January 1, 2027.

If you are not making changes to your current coverage, no action is required. Complete this form to enroll, change, or cancel coverage. For a qualifying life event during the year, submit this form within 30 days of the event. If you are adding a dependent, supporting documentation is required (see page 3). Completed forms must be received by WPAS no later than November 16, 2026. To make your selections, check ONE option for each benefit.

☐ **Open Enrollment**	☐ **New Enrollment**	☐ **Change Plan / Coverage**	☐ **Waive / Cancel Coverage**
☐ **Add / Delete Dependent(s)**	☐ **Name Change**	☐ **Address Change**	☐ **Other:**

Retiree Information (Please Print)

Last Name		**First Name**	
Middle Initial		**Date of Birth**	
Physical Address (No PO Boxes)		**Medicare Number (if applicable)**	
City / State / Zip		**Telephone Number**	
Cell Number		**Email Address**	
Last 4 of Social Security Number	XXX-XX-	**Member Status**	☐ Retiree ☐ Surviving Spouse
If you are under 65, have you had other coverage in the past 12 months?	☐ Yes ☐ No	**Coverage Date(s)**	
Carrier Name		**Policy Number (if available)**	
Coverage	☐ Group ☐ Individual	**Additional Details**	

Retiree Medical Options (Kaiser Permanente), Group #00074

Retiree Rates: UNDER 65 (Non-Medicare). Monthly premiums.

Plan	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Kaiser HDHP (Sub Group #42)	☐ $614.00	☐ $1,260.00	☐ $1,228.00	☐ $1,771.00
Kaiser HMO (Sub Group #76)	☐ $828.00	☐ $1,690.00	☐ $1,648.00	☐ $2,381.00
Kaiser Choice PPO (Sub Group #14)	☐ $1,017.00	☐ $2,079.00	☐ $2,027.00	☐ $2,924.00
☐ **Waive non-Medicare medical plans**				$0.00

Kaiser Choice PPO is available to retirees living outside the Kaiser service area (including out-of-area retirees).

Retiree Dental Options (Delta Dental of Colorado), Group #7984

Monthly premiums, all retirees.

Plan	Retiree Only	Retiree + 1	Retiree + 2 or More
Delta Dental Medium Option	☐ $24.27	☐ $46.11	☐ $66.56
Delta Dental High Option	☐ $39.52	☐ $75.10	☐ $105.32
Delta Dental Premier Option	☐ $49.94	☐ $94.88	☐ $133.05
☐ **Waive Dental**			$0.00

Retiree Vision Options (Humana Vision), Group #427667

Monthly premiums, all retirees.

Plan	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Humana Vision	☐ $12.13	☐ $24.72	☐ $25.17	☐ $38.38
☐ **Waive Vision**				$0.00

If you are currently enrolled in Humana Vision and make no change during open enrollment, you will default to the upgraded Humana Vision plan and rate.

Retiree Rates: MEDICARE ELIGIBLE (Age 65+). Monthly premiums.

Combined Rates = Medicare Sr. Advantage* and Non-Medicare with High Deductible Health Plan (HDHP)	Kaiser Senior Advantage DFD Silver (#108)	Kaiser Senior Advantage DFD Gold (#097)
Subscriber Only = One on Medicare	☐ $147.99	☐ $196.77
Subscriber + One Dependent = Two on Medicare	☐ $295.98	☐ $393.54
Subscriber + One Dependent = One on Medicare, One HDHP	☐ $761.99	☐ $810.77
Subscriber + Two or more Dependents = One Medicare plus HDHP**	☐ $1,249.15	☐ $1,297.93
Subscriber + Two or more Dependents = Two Medicare plus HDHP**	☐ $909.98	☐ $1,007.54
Subscriber Only: Medicare Part B only	☐ $687.12	☐ $735.90

Combined Rates = Medicare Sr. Advantage* and Non-Medicare with HMO	Kaiser Senior Advantage DFD Silver (#100)	Kaiser Senior Advantage DFD Gold (#098)
Subscriber Only = One on Medicare	☐ $147.99	☐ $196.77
Subscriber + One Dependent = Two on Medicare	☐ $295.58	☐ $393.54
Subscriber + One Dependent = One on Medicare, One HMO	☐ $975.99	☐ $1,024.77
Subscriber + Two or more Dependents = One Medicare plus HMO**	☐ $1,629.89	☐ $1,678.67
Subscriber + Two or more Dependents = Two Medicare plus HMO**	☐ $1,123.98	☐ $1,221.54
Subscriber Only: Medicare Part B only	☐ $687.12	☐ $735.90
☐ **Waive Medicare and combined medical plans**		$0.00

**** You and/or your dependent must be enrolled in Medicare Part A and Part B. You MUST also complete the 2027 Kaiser Permanente Group Medicare Enrollment Form, provide a copy of your Medicare card (showing Parts A & B), and submit it to WPAS with this form. Medicare Part B premiums are paid separately to Medicare.***

*** Rates may vary depending on the number of children covered on Medicare Sr. Advantage.*

Dependent Information

Complete ALL boxes for each eligible dependent. Eligible dependents are SPOUSE, CHILD, and STEPCHILD. If a dependent is listed who does not meet these criteria, you may be responsible for reimbursing the carrier for all claims. Social Security numbers are required for each enrolled dependent to comply with the CMS Medicare Secondary Payer program. If you are a surviving spouse, your new spouse is not an eligible dependent. Attach supporting documentation (see page 3).

Dependent Name (Last, First, MI)	Relationship	Date of Birth	Sex	Social Security Number	Coverage	Add / Delete
			☐ M ☐ F		☐ Med ☐ Den ☐ Vis	☐ Add ☐ Del
			☐ M ☐ F		☐ Med ☐ Den ☐ Vis	☐ Add ☐ Del
			☐ M ☐ F		☐ Med ☐ Den ☐ Vis	☐ Add ☐ Del
			☐ M ☐ F		☐ Med ☐ Den ☐ Vis	☐ Add ☐ Del

Authorization

All enrollees: I certify the above information to be correct to the best of my knowledge. I understand that it is my responsibility to report any change in the eligibility of my dependents; that the benefits and services of the elected plan are coordinated with those provided by any other group hospital or medical benefit or service plan; and that any controversy (including any claim for money damages) between any plan member or the member's heirs or personal representatives and such HMO (including its agents, staff physicians, employees and providers) is subject to binding arbitration instead of a court trial. By signing this enrollment form, I authorize the selected health benefit plan to use and access my medical records for claims processing, quality assurance and utilization review purposes. This authorization is valid for the duration of my enrollment in the selected health benefit plan.

I authorize the monthly premiums for the coverage selected above to be deducted from my FPPA pension benefit. I understand my deduction may change when premiums change.

Print Name		**Signature**		**Date**	

Return Your Completed Form to WPAS

Email: retiredmember@denverfirebenefits.com **Fax:** (855) 855-7814
Mail: Denver Firefighters Health Trust, c/o WPAS, Inc., PO Box 34203, Seattle, WA 98124
Online: scan the QR code to complete the online enrollment form.
In person: Benefit Enrollment Sessions, Oct 27 and 28, 2026, 9:00am to Noon, Local 858, 775 Mariposa St., Denver, CO 80204
Questions: WPAS Member Services 720-943-4654 or toll free 800-781-1875.

Scan to enroll online

Eligibility and Dependent Documentation

Who is eligible

Fire retiree benefit recipients receiving a monthly FPPA pension benefit large enough to cover the premium deductions for the plans elected, including surviving spouses of retirees, and their eligible dependents. The retiree or surviving spouse must be enrolled in order for any dependents to be enrolled.

Eligible dependents

- Spouse, including common-law and same-sex legally married spouses, and Colorado State Civil Union spouse. Legally separated or divorced spouses are not eligible.
- Children to age 26, regardless of student, marital, or tax-dependent status, including a stepchild or legally adopted child.
- Dependent children of any age who are physically or mentally unable to care for themselves.
- Surviving spouse and children (as defined). These plans do not cover a surviving spouse's new spouse.

Documentation required when adding a dependent

Spouse: copy of marriage certificate, Common Law Affidavit, or State Civil Union documents, AND proof of dependency: a copy of your most recent tax return (front page through line 6 of Form 1040 and signature page; if your spouse files married separately, head of household or single, submit their Form 1040), OR a copy of TWO of the following: joint mortgage statement or rental agreement showing shared residence; joint checking, bank, credit or investment account statement; automobile title or registration showing joint ownership; a will and/or life insurance policy naming the other as primary beneficiary. Black out the first five digits of all SSNs and any financial information.

Child: an eligible child is your natural child, legally adopted, in the process of being adopted, or the subject of a Qualified Medical Support Order. A birth certificate or court order is required.

Stepchild (age 26 or under): when your spouse is NOT enrolled in the plan AND the child is related to you through marriage, both a birth certificate or court order and spouse dependency documents are required. Children of former spouses who do not meet one of the above requirements are not eligible.

Important reminders

- Waiving or canceling coverage: you may be able to re-enroll if you lose other group coverage, but a one-time surcharge of $500 may apply and proof of group coverage may be required. Individual plans and Medicare coverage do not count as group coverage.
- Turning 65: contact WPAS up to three months before you turn 65 to request the Kaiser Sr. Advantage enrollment form. A copy of your Medicare card is required. If you do not enroll in Senior Advantage when first eligible, your non-Medicare coverage will be terminated.
- Notify WPAS immediately if you enroll in a different Medicare plan, lose or lapse Medicare Part A or B, or move out of the Kaiser service area.
- You are responsible for notifying WPAS when a covered dependent no longer meets eligibility requirements (for example, divorce). Failure to do so may result in your being responsible for claims incurred by an ineligible dependent.
- Qualifying life events (marriage, death, divorce, birth or adoption, gain or loss of other coverage, change in Medicare eligibility) must be reported within 30 days with supporting documentation. Changes after 30 days will not be accepted.

This form is a summary and is not a complete description of plan terms. Each plan is governed by its legal plan document. If there is a conflict, the official plan document prevails.