



PSGIP COVERAGE CHANGE REQUEST FORM

RETIREE HEALTH AND DENTAL COVERAGE

EFFECTIVE APRIL 1, 2026

Under the terms of the Public Sector Group Insurance Plan (PSGIP) Retiree Health and Dental Care, you are eligible to change your level of coverage each year effective April 1st without being subject to medical evidence of insurability.

If you wish to change your current Health and/or Dental Plan Option, please complete the information outlined below and return this form to our office no later than Monday, March 9, 2026 to allow belairdirect Agency Inc. (formerly Johnson Inc.) time to make necessary premium changes for your April deductions. Please note, any forms received after April 30th will make you ineligible for changes in 2026.

NOTE: If you are not making changes to your current Option, please do not return this form to belairdirect Agency Inc.

COVERAGE CHANGE REQUEST

I hereby authorize my current Option to be changed to the Option I have requested below and authorize any necessary premium deduction adjustments required as a result of this change.

Name (please print): _____

Date of birth: _____

DD/MM/YYYY

Address: _____

Street

City/Province

Postal code

Place an "X" in the box for the new coverage you are enrolling for effective April 1, 2026.

Coverage

Under age 65

Over age 65

Drugs covered under the PEI Provincial Seniors' DCAP* are not covered under the over 65 health plans

HEALTH	Under age 65		Over age 65	
	SINGLE (MONTHLY)	FAMILY (MONTHLY)	SINGLE (MONTHLY)	FAMILY (MONTHLY)
Option # 1 <ul style="list-style-type: none"> Health coverage, <u>excluding</u> semi-private hospital coverage Prescription drug co-payment of 20%, to a maximum of \$30/prescription for eligible prescriptions 	<input type="checkbox"/> \$296.40	<input type="checkbox"/> \$631.25	<input type="checkbox"/> \$238.67	<input type="checkbox"/> \$508.19
Option # 2 <ul style="list-style-type: none"> Health coverage, <u>excluding</u> semi-private hospital coverage Prescription drug co-payment of 20%, to a maximum of \$30/prescription for eligible prescriptions, after an annual deductible has been satisfied \$300 Single/\$600 Family 	<input type="checkbox"/> \$254.11	<input type="checkbox"/> \$547.05	<input type="checkbox"/> \$185.88	<input type="checkbox"/> \$396.00
Option # 3 <ul style="list-style-type: none"> Health coverage, <u>excluding</u> semi-private hospital coverage Retiree pays the first \$50 of each eligible prescription drug 	<input type="checkbox"/> \$179.28	<input type="checkbox"/> \$381.75	<input type="checkbox"/> \$143.49	<input type="checkbox"/> \$305.63
Option # 4 <ul style="list-style-type: none"> Health coverage, <u>including</u> semi-private hospital coverage No prescription drug coverage 	<input type="checkbox"/> \$33.86	<input type="checkbox"/> \$72.18	<input type="checkbox"/> \$33.86	<input type="checkbox"/> \$72.18
DENTAL	SINGLE (MONTHLY)		FAMILY (MONTHLY)	
Retirees are eligible to change their dental benefit option annually effective April 1 st .				
Plan A <ul style="list-style-type: none"> Basic services only 	<input type="checkbox"/> \$36.20		<input type="checkbox"/> \$81.91	
Plan B <ul style="list-style-type: none"> Basic and Major services 	<input type="checkbox"/> \$40.25		<input type="checkbox"/> \$91.07	

*Drug Cost Assistance Program

Signature

Date (DD/MM/YY)

Return form no later than Monday, March 9, 2026 to:

In Person: belairdirect Agency Inc., 201 Buchanan Drive (Buchanan Plaza), Charlottetown, PEI C1E 2E4

By email: GroupBenefitsPE@belairdirect.com / By Mail: belairdirect Agency Inc., PO Box 4319 STN A, Toronto, ON M5W 3G5