

## 2023 ENROLLMENT FORM – RETIREE

### Section I – Employee Information

Last Name	First Name	Employee ID	
Last 4 digits of Social Security Number	Date of Birth	Marital Status	
Street Address	City	State	Zip Code

### Section II – Benefit Election

<b>Medical Insurance</b>  Administered by BlueCross BlueShield of TN  <a href="http://www.bcbst.com/genesco">www.bcbst.com/genesco</a>	<b>Monthly Cost</b> (Please choose a plan and a level of coverage.) <ul style="list-style-type: none"> <li><input type="radio"/> <u>Essential PPO</u> <ul style="list-style-type: none"> <li><input type="radio"/> Employee Only - \$156.00</li> <li><input type="radio"/> Employee + Spouse - \$390.00</li> <li><input type="radio"/> Employee + Child(ren) - \$351.00</li> <li><input type="radio"/> Employee + Family - \$507.00</li> <li><input type="radio"/> Spouse Only - \$156.00</li> </ul> </li> <li><input type="radio"/> <u>Protect PPO</u> <ul style="list-style-type: none"> <li><input type="radio"/> Employee Only - \$208.00</li> <li><input type="radio"/> Employee + Spouse - \$520.00</li> <li><input type="radio"/> Employee + Child(ren) - \$468.00</li> <li><input type="radio"/> Employee + Family - \$676.00</li> <li><input type="radio"/> Spouse Only - \$208.00</li> </ul> </li> <li><input type="radio"/> <u>Advantage HSA</u> <ul style="list-style-type: none"> <li><input type="radio"/> Employee Only - \$245.44</li> <li><input type="radio"/> Employee + Spouse - \$613.60</li> <li><input type="radio"/> Employee + Child(ren) - \$552.24</li> <li><input type="radio"/> Employee + Family - \$797.68</li> <li><input type="radio"/> Spouse Only - \$245.44</li> </ul> </li> <li><input type="radio"/> <i>Decline Coverage (this will cancel coverage for you and your dependents beginning 1/1/2023)</i></li> </ul>
<b>Dental Insurance</b>  Administered by Delta Dental of TN  <a href="http://www.deltadentaltn.com">www.deltadentaltn.com</a>	<b>Monthly Cost</b> (Please choose a plan and a level of coverage.) <ul style="list-style-type: none"> <li><input type="radio"/> Employee Only - \$24.96</li> <li><input type="radio"/> Employee + Spouse - \$49.92</li> <li><input type="radio"/> Employee + Child(ren) - \$56.16</li> <li><input type="radio"/> Employee + Family - \$87.36</li> <li><input type="radio"/> Spouse Only - \$24.96</li> <li><input type="radio"/> <i>Decline Coverage (this will cancel coverage for you and your dependents beginning 1/1/2023)</i></li> </ul>

### Section III – Dependent Information

Spouse Name	SSN	DOB	Date of Marriage	Age
Child's Name	SSN	DOB	Relationship <input type="radio"/> Son <input type="radio"/> Daughter	Age
Child's Name	SSN	DOB	Relationship <input type="radio"/> Son <input type="radio"/> Daughter	Age
Child's Name	SSN	DOB	Relationship <input type="radio"/> Son <input type="radio"/> Daughter	Age
Signature:			Date:	

#### **Section IV: Eligibility Attestation- PLEASE REVIEW, SIGN AND RETURN**

Eligibility for retiree medical and dental coverage under the Genesco Employee Benefit Plan (plan) is limited to those individuals (employees and their dependents) covered by the Genesco medical program at the time the employee separated from active status, and who otherwise qualify for retiree medical and dental coverage under the terms of the plan. Dependents added after retirement are not eligible for retiree medical and dental coverage under the plan. To be (and to remain) eligible for retiree health coverage, an individual must not be eligible for Medicare or for any other group coverage as an employee through another employer (in addition to meeting all other eligibility requirements under the plan). ***If it is found that an individual is eligible for Medicare or for any other group health coverage as an employee through another employer, coverage for that individual will be terminated immediately.***

With respect to any employees who retire after September 1, 1986, any individuals (retirees or their dependents) who become ineligible for retiree health coverage due to becoming eligible for other group health coverage as an employee through another employer cannot re-enroll in this Plan.

**By my signature below, I attest that (i) I am not and (ii) my covered dependents, if any, are not currently eligible for Medicare or for any other group health coverage as an employee through another employer. I agree to notify Genesco if I and/or my covered dependent(s) (if any) become eligible for Medicare or such other employer group health coverage after the date of this attestation.**

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First & Last Name (Print)

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Signature

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Date

**Return completed pages using one of the following methods:**

**Email:** [retirement@genesco.com](mailto:retirement@genesco.com)

**Mail:** Genesco Inc.  
Attention: Mark Gibson  
535 Marriott Drive  
Floor 11, Benefits Department  
Nashville, TN 37214