MT. SAC
Mt. San Antonio College
Human Resources

Classified and Auxiliary Retiree Election Form (Non-Medicare Eligible)

Classification: ☐ CSEA 262 ☐ CSEA 651 ☐ Auxiliary

Benefit Year: October 1, 2026 – September 30, 2027

Dependent Verification must be provided to the Human Resources Office at the time the enrollment form is submitted for any new dependent added during this enrollment period.

- Dependent Verification documents for adding spouse or domestic partner include; Filed Tax return showing joint filing.
- Dependent verification documents for children include: Birth Certificate, Adoption Paperwork or Document Granting Legal Guardianship by the court, up until age 18.

ACTION REQUESTED

☐ Qualifying Life Event ☐ Open Enrollment	**Please Select a Qualifying Life Event** ☐ Marriage/Domestic Partner ☐ Death ☐ Other (specify): ☐ Divorce ☐ Gain/loss Coverage ☐ Birth/Adoption ☐ Retirement

RETIREE INFORMATION

Legal Last Name	**Legal First Name**		**Middle Initial**	**Sex:** ☐Male ☐Female
Street Address	**City**	**State**	**Zip**	**Phone Number**
Birthdate (mm/dd/yyyy) / /	**Email Address**		**Social Security Number** - -	
Date of Event	**Effective Date**		**If surviving spouse, list retiree name**	

HEALTH BENEFIT PLANS SELECTION

If you are eligible for District paid lifetime medical benefits, premiums will be paid accordingly.

	Benefit Plan Monthly Rates		
Medical Plan (Verify eligibility with Benefits Specialist)	**Single-Party**	**Two-Party**	**Family**
HMO			
Kaiser Permanente $15 - 234480-0089RLN	□ $975.00	□ $1,951.00	□ $2,536.00
Kaiser Permanente $0 - 234480-0088RLN	□ $1,043.00	□ $2,087.00	□ $2,713.00
Blue Shield Trio - 701071H031003	□ $998.00	□ $1,987.00	□ $2,595.00
Blue Shield Full Network - 701071H011003	□ $1,041.00	□ $2,075.00	□ $2,709.00
PPO			
Blue Shield 90G - 701070P021003	□ $1,108.00	□ $2,214.00	□ $2,892.00
Blue Shield 100A - 701070P011003	□ $1,290.00	□ $2,588.00	□ $3,382.00
Dental Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment.			
Delta Care HMO - 71691 06010	□ $29.58	□ $52.22	□ $56.81
Delta Dental PPO Plan 1500; $2,000 Orthodontics - 7079 3007	□ $54.60	□ $110.00	□ $158.20
Delta Dental PPO Plan Unlimited; $2,000 Orthodontics - 7079 3008	□ $79.60	□ $160.00	□ $224.20
Vision Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment.			
VSP Signature Plan C, Single $0 Copay - 252464824RLN	□ $14.30	□ $28.60	□ $42.90

Retiree Signature (Required) **Print Name** **Date**

RETURN COMPLETED FORM(S) via email at hrbenefits@mtsac.edu

Internal Human Resources Use Only: ☐ SISC ☐ Banner ☐ Log ☐ Payroll Banner ID#: A_____

Lifetime Medical Eligibility: ☐ Single Party ☐ Two Party