



Human Resources

Confidential and Management Retiree Election Form (Non Medicare Eligible)

Classification: ☐ Confidential

☐ Management

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

☐ Divorce

☐ Birth/Adoption

☐ Death

☐ Gain/loss Coverage

☐ Retirement

☐ Other (specify):

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 - 234480-0089RMN	☐ \$975.00	☐ \$1,951.00	☐ \$2,536.00
Blue Shield Trio - 701071H031002	☐ \$998.00	☐ \$1,987.00	☐ \$2,595.00
Blue Shield Full Network - 701071H011002	☐ \$1,041.00	☐ \$2,075.00	☐ \$2,709.00
PPO			
Blue Shield 80G – 701070P031002	☐ \$1,020.00	☐ \$2,031.00	☐ \$2,652.00
Blue Shield 90G - 701070P021002	☐ \$1,108.00	☐ \$2,214.00	☐ \$2,892.00
Blue Shield 100A - 701070P011002	☐ \$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 06012	☐ \$29.58	☐ \$52.22	☐ \$56.81
Delta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3002	☐ \$54.60	☐ \$110.00	☐ \$158.20
Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics - 7079 3003	☐ \$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 - 252464824RMN	☐ \$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