MT. SAC
Mt. San Antonio College
Human Resources

Confidential and Management Retiree Election Form (Non Medicare Eligible)

Classification: ☐ **Confidential** ☐ **Management**

Benefit Year: October 1, 2024 – September 30, 2025

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 - 234480-0089RMN	☐ 829.00	☐ $1,658.00	☐ $2,155.00
Blue Shield Trio - 701071H031002	☐ $851.00	☐ $1,696.00	☐ $2,213.00
Blue Shield Full Network - 701071H011002	☐ $888.00	☐ $1,771.00	☐ $2,312.00
PPO			
Blue Shield 80G – 701070P031002	☐ $870.00	☐ $1,734.00	☐ $2,263.00
Blue Shield 90G - 701070P021002	☐$946.00	☐ $1,890.00	☐ $2,468.00
Blue Shield 100A - 701070P011002	☐ $1,102.00	☐ $2,211.00	☐ $2,889.00
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	☐ $42.90
RETIREE PAID: Total Monthly Premium Amount	**$**		

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