MT. SAC
Mt. San Antonio College
Human Resources

Executive Management Retiree Election Form (Non Medicare Eligible)

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

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

	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