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, 2020 – September 30, 2021

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

	Benefit Plan Monthly Rates		
Medical Plan (Verify eligibility with Benefits Specialist)	**Single-Party**	**Two-Party**	**Family**
HMO			
Kaiser Permanente $15 - 233929-0009RLN	□ $687.00	□ $1,374.00	□ $1,787.00
Kaiser Permanente $0 - 233929-0008RLN	□ $735.00	□ $1,471.00	□ $1,912.00
Blue Shield Trio - 701071H031003	□ $696.00	□ $1,381.00	□ $1,802.00
Blue Shield Full Network - 701071H011003	□ $724.00	□ $1,440.00	□ $1,879.00
PPO			
Blue Shield 90G - 701070P021003	□ $786.00	□ $1,566.00	□ $2,044.00
Blue Shield 100A - 701070P011003	□ $916.00	□ $1,836.00	□ $2,398.00
Dental Plan (Retiree Paid Premiums)			
Delta Care HMO - 71691 06010	□ $29.00	□ $51.20	□ $55.70
Delta Dental PPO Plan 1500; $2,000 Orthodontics - 7079 3007	□ $58.60	□ $118.00	□ $169.20
Delta Dental PPO Plan Unlimited; $2,000 Orthodontics - 7079 3008	□ $84.60	□ $170.00	□ $237.20
Vision Plan (Retiree Paid Premiums)			
VSP Signature Plan C, Single $20 Copay - 2978579A	□ $15.60	□ $31.20	□ $46.80
RETIREE PAID: Total Monthly Premium Amount	**$**		

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

RETURN COMPLETED FORM(S) TO Melissa Aguirre via email at maguirre@mtsac.edu

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

Lifetime Medical Eligibility: ☐ Single Party ☐ Two Party