

Confidential and Management Retiree Election Form (Non Medicare Eligible)							
Classification:	☐ Confidential	☐ Management					

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

			ACTION REQUES	TED				
□ Qualifying Life Event □ Open Enrollment	Please Select a Qua ☐ Marriage/Domestic ☐ Divorce ☐ Birth/Adoption		☐Death ☐Gain/loss Cove ☐Retirement	☐ Gain/loss Coverage				
			RETIREE INFORMA	TION	·			
Legal Last Name			egal First Name		Middle Initial			
Street Address			City	State	Zip	Phone	Phone Number	
Birthdate (mm/dd/yyyy) Email Add		dress	Socia		l Security Number			
Date of Event Effective Dat			Date	If surviving spouse, list reti			iree name	
		Н	EALTH BENEFIT PLAN	S SELECTION				
Benefit Plan Month						onthly R	Rates	
Medical Plan HMO	(Verify eligibility with E	Benefits Specialist)		Single-Part	y Two	-Party	Family	
Kaiser Permanente \$15 - 233929-0009RMN				□ \$687.00	□ \$1,374.00		□ \$1,787.00	
Blue Shield Trio - 701071H031002				□ \$696.00		□ \$1,381.00 □ \$1,802.0		
	II Network - 701071H011	002		□ \$724.00		□ \$1,440.00 □ \$1,879.00		
PPO				·	, ,			
Blue Shield 80G - 669746P22101064824M				□ \$727.00	□ \$1,445.00 □ \$1,886.00			
Blue Shield 90G - 701070P021002				□\$786.00	□ \$1,56	□ \$1,566.00 □ \$2,044.0		
Blue Shield 100A - 701070P011002				□ \$916.00	□ \$1,836.00 □ \$2,398.00			
Dental Plan (F	Retiree Paid Premiums)							
Delta Care HM	IO - 71691 06012	□ \$29.00	□ \$51.2	0	□ \$55.70			
Delta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3002				□ \$58.60	□ \$118.	00	□ \$169.20	
Delta Dental P	PO Plan Unlimited; \$2,	000 Orthodontics	- 7079 3003	□ \$84.60	□ \$170.	00	□ \$237.20	
Vision Plan (R	etiree Paid Premiums)							
VSP Signature Plan C, Single \$20 Copay - 2978582A				□ \$15.60	□ \$31.20)	□ \$46.80	
RETIREE PAID: Total Monthly Premium Amount				\$				
etiree Signature (Required) Print Name								
	DETLIDA (OMDIETED EOD	M(S) TO Melissa Aguirr	o via omail at maguir	ro@mtsac o	4		
	RETORN	CONTPLETED FOR	w(3) 10 Wellssa Aguiri	e via eman at <u>magun</u>	rewintsac.e	<u>uu</u>		
				ayroll Banner ID#:				