



## Retiree Election Form (Medicare Eligible)

**Classification:**    CSEA 262    CSEA 651    Auxiliary    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 by the court, up until age 18.

ACTION REQUESTED	
<input type="checkbox"/> Qualifying Life Event  <input type="checkbox"/> Open Enrollment	<b>Please Select a Qualifying Life Event</b> <input type="checkbox"/> Marriage/Domestic Partner <input type="checkbox"/> Death <input type="checkbox"/> Other (specify): <input type="checkbox"/> Divorce <input type="checkbox"/> Gain/loss Coverage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Retirement

RETIREE INFORMATION				
Legal Last Name	Legal First Name	Middle Initial	Sex: <input type="checkbox"/> Male <input type="checkbox"/> 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
<b>HMO</b>			
Kaiser Permanente Senior Advantage \$10 (1 person with Medicare) <small>233929-0009RLN_1WMM</small>	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$907.00	<input type="checkbox"/> \$1,320.00
Kaiser Permanente Senior Advantage \$10 (2 persons with Medicare) <small>233929-0009RBN_2WMM</small>	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$440.00	<input type="checkbox"/> \$853.00
Blue Shield 65+ - 701070H011004	<input type="checkbox"/> \$643.00	<input type="checkbox"/> \$1,286.00	<input type="checkbox"/> \$1,580.00
Blue Shield Advantage - 521390M011000064824	<input type="checkbox"/> \$288.00 per individual		
<b>PPO</b>			
Employer Group Waiver Plans (EGWP) 100G - 669746P22101064824L	<input type="checkbox"/> \$570.00	<input type="checkbox"/> \$1,140.00	<input type="checkbox"/> \$1,481.00
Employer Group Waiver Plans (EGWP) 100A - 669746P01101064824L	<input type="checkbox"/> \$586.00	<input type="checkbox"/> \$1,172.00	<input type="checkbox"/> \$1,529.00
Companion Care - 40003A064824	<input type="checkbox"/> \$402.00 per individual		
<b>Dental Plan (Retiree Paid Premiums)</b>			
Delta Care HMO - 71691 06010	<input type="checkbox"/> \$29.00	<input type="checkbox"/> \$51.20	<input type="checkbox"/> \$55.70
Delta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3007	<input type="checkbox"/> \$58.60	<input type="checkbox"/> \$118.00	<input type="checkbox"/> \$169.20
Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics - 7079 3008	<input type="checkbox"/> \$84.60	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$237.20
<b>Vision Plan (Retiree Paid Premiums)</b>			
VSP Signature Plan C, Single \$20 Copay - 2978579A	<input type="checkbox"/> \$15.60	<input type="checkbox"/> \$31.20	<input type="checkbox"/> \$46.80
<b>RETIREE PAID: Total Monthly Premium Amount</b>	\$		

\_\_\_\_\_  
 Retiree Signature (Required) Print Name Date

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

**Internal Human Resources Use Only:**    SISC    Banner    Log    Payroll   Banner ID#: A \_\_\_\_\_

**Lifetime Medical Eligibility:**    Single Party    Two Party