

Retiree Plan	Election	Form	(Medicare Eligible)	

Classification: ☐ CSEA 262 ☐ CSEA 651 ☐ Auxiliary ☐ Confidential ☐ Management ☐ Executive

Benefit Year: January 1, 2021 – September 30, 2022

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.

-	Plan C, Single \$0 Copay - 29 Total Monthly Premium Ar		8582A:CO/MA	\$	15.60	□ \$31.	20	□ \$46.80	
•	etiree Paid Premiums)				IF 60	- ¢24	20	- 646.00	
Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics 7079 3008:CL/Aux 7079 3003:CO/MA					□ \$84.60 □ \$170.00 □ \$237.2				
	lta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3007: CL/Aux 7079 3002:CO/MA				□ \$58.60 □ \$118.00			□ \$169.20	
•	Delta Care HMO - 71691 06010:CL/Aux 71691 06012: CO/MA				□ \$29.58 □ \$52.22			□ \$56.81	
	etiree Paid Premiums)			73	70.00 pc	marviauu	'		
669746P01101064824L: CL/Aux 669746P01101064824M: CO/MA Companion Care - 40003A064824					□ \$378.00 per individual				
PPO Employer Group Waiver Plans (EGWP) 100A					55.00	□ \$1,1:	10.00	□ \$1,450.00	
Blue Shield 65 Plus - 521390M011000 064824				□ \$2	□ \$281.00 per individual				
Blue Shield of California HMO 65 Plus \$10 - 701071H011004			□ \$6	□ \$612.00 □ \$1,224.00 □ \$1,501.00					
233929-0008RLN_1WM:CL/Aux Kaiser Permanente Senior Advantage \$10 (2 persons with Medicare) 233929-0009RBN_2WM			□ \$1	□ \$193.00 □ \$3		36.00	□ \$799.00		
Kaiser Permanente Senior Advantage \$0 (1 person with Medicare) CLASSIFIED ONLY			LY 🗆 \$1	\$193.00 🗆 \$929.0		29.00	□ \$1,371.00		
Kaiser Permanente Senior Advantage \$15 (1 person with Medicare) 233929-0009RLN_1WM:CL/Aux 233929-0009RMN_1WM: CO/MA				□ \$1	□ \$193.00 □ \$881.0			□ \$1,294.00	
Medical Plan (Verify eligibility with Benefits Specialist) HMO				Singl	Single-Party		Two-Party Fami		
					Ben	efit Plan N	1onthly R	ates	
		HEALTH	I BENEFIT PLANS SE	LECTION					
Date of Event		Effective Date			If surviving spouse, list retiree name				
Birthdate (mm	1 1			Social Security Number					
Street Address			City	State		Zip	Phone Number		
Legal Last Name		Legal	Legal First Name			Middle Initial	Sex: □Male □Female		
		RET	TREE INFORMATION	V					
Life Event ☐ Open Enrollment	□ Marriage/Domestic Partner □ Death □ Divorce □ Gain/loss Coverag □ Birth/Adoption □ Retirement				\square Other (specify):				
☐ Qualifying	Please Select a Qualifyir	-							
		Α	CTION REQUESTED						

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

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