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, 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.
- 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

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	Benefit Plan Monthly Rates		
Medical Plan (Verify eligibility with Benefits Specialist)	**Single-Party**	**Two-Party**	**Family**
HMO			
Kaiser Permanente $15 - 234480-0089RLN	☐ $688.00	☐ $1,376.00	☐ $1,789.00
Kaiser Permanente $0 - 234480-0088RLN	☐ $736.00	☐ $1,472.00	☐ $1,914.00
Blue Shield Trio - 701071H031003	☐ $723.00	☐ $1,433.00	☐ $1,870.00
Blue Shield Full Network - 701071H011003	☐ $752.00	☐ $1,494.00	☐ $1,950.00
PPO			
Blue Shield 90G - 701070P021003	☐ $803.00	☐ $1,599.00	☐ $2,087.00
Blue Shield 100A - 701070P011003	☐ $931.00	☐ $1,863.00	☐ $2,433.00
Dental Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment.			
Delta Care HMO - 71691 06010	☐ $29.58	☐ $52.22	☐ $56.81
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	☐ $237.00
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 - 2978579A	☐ $15.60	☐ $31.20	☐ $46.80
RETIREE PAID: Total Monthly Premium Amount	**$**		

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