



## Retiree Plan Election Form (Medicare Eligible)

Classification:  CSEA 262  CSEA 651  Auxiliary  Confidential  Management  Executive

**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				
<input type="checkbox"/> Qualifying Life Event	<b>Please Select a Qualifying Life Event</b>			
<input type="checkbox"/> Open Enrollment	<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
Street Address		City	State	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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 \$15 (1 person with Medicare) <small>234480-0089RLN_1WM:CL/Aux 234480-0089RLN_1WM:CO/MA</small>	<input type="checkbox"/> \$193.00	<input type="checkbox"/> \$881.00	<input type="checkbox"/> \$1,294.00
Kaiser Permanente Senior Advantage \$0 (1 person with Medicare) <b>CLASSIFIED ONLY</b> <small>234480-0088RLN_1WM:CL/Aux</small>	<input type="checkbox"/> \$193.00	<input type="checkbox"/> \$929.00	<input type="checkbox"/> \$1,371.00
Kaiser Permanente Senior Advantage \$10 (2 persons with Medicare) <small>234439-0002RBN_2WM</small>	<input type="checkbox"/> \$193.00	<input type="checkbox"/> \$386.00	<input type="checkbox"/> \$812.00
Blue Shield of California HMO 65 Plus \$10 - 701071H011004	<input type="checkbox"/> \$612.00	<input type="checkbox"/> \$1,224.00	<input type="checkbox"/> \$1,501.00
Blue Shield 65 Plus - 521390M011000 064824	<input type="checkbox"/> \$281.00 per individual		
<b>PPO</b>			
Employer Group Waiver Plans (EGWP) 100A <small>669746P01101064824L:CL/Aux 669746P01101064824M:CO/MA</small>	<input type="checkbox"/> \$555.00	<input type="checkbox"/> \$1,110.00	<input type="checkbox"/> \$1,450.00
Companion Care - 40003A064824	<input type="checkbox"/> \$378.00 per individual		
<b>Dental Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment.</b>			
Delta Care HMO - 71691 06010:CL/Aux 71691 06012: CO/MA	<input type="checkbox"/> \$29.58	<input type="checkbox"/> \$52.22	<input type="checkbox"/> \$56.81
Delta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3007: CL/Aux 7079 3002:CO/MA	<input type="checkbox"/> \$58.60	<input type="checkbox"/> \$118.00	<input type="checkbox"/> \$169.20
Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics <small>7079 3008:CL/Aux 7079 3003:CO/MA</small>	<input type="checkbox"/> \$84.60	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$237.20
<b>Vision Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment.</b>			
VSP Signature Plan C, Single \$0 Copay - 2978579A:CL/Aux 2978582A:CO/MA	<input type="checkbox"/> \$15.60	<input type="checkbox"/> \$31.20	<input type="checkbox"/> \$46.80
<b>RETIREE PAID: Total Monthly Premium Amount</b>	<b>\$</b>		

Retiree Signature (Required) \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

RETURN COMPLETED FORM(S) via email at [hrbenefits@mtsac.edu](mailto:hrbenefits@mtsac.edu)

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

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