



## 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	
Street Address		City	State
Birthdate (mm/dd/yyyy)		Email Address	Middle Initial
Date of Event		Effective Date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Social Security Number	Phone Number
		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) 234480-0089RLN_1WM:CL/Aux 234480-0089RLN_1WM:CO/MA	<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> 234480-0088RLN_1WM:CL/Aux	<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) 234439-0002RBN_2WM	<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 669746P01101064824L: CL/Aux 669746P01101064824M: CO/MA	<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)</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 7079 3008:CL/Aux 7079 3003:CO/MA	<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 \$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>	\$		

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