

Confidential and Management Retiree Election Form (Non Medicare Eligible)

Classification:

Confidential

Management

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	Please Select a Qualifying Life Event									
Life Event	Marriage/Domestic Partner		Death		Other (sp	Other (specify):				
🗆 Open			☐Gain/loss Coverage							
Enrollment	□Birth/Adoption □Retirement									
		RE	TIREE INFORMATIO	N						
Legal Last Name		Leg	Legal First Name			Sex: Male Female				
Street Address			City	Stat	e Zip	Phone Number				
Birthdate (mm/dd/yyyy) Email Ad		Email Address	Address Socia		Social Security Nu	I Security Number				
/ /										
Date of Event Effect		Effective Da	ctive Date If su		If surviving spou	surviving spouse, list retiree name				
HEALTH BENEFIT PLANS SELECTION										

	Ber	Benefit Plan Monthly Rates					
Medical Plan (Verify eligibility with Benefits Specialist)	Single-Party	Two-Party	Family				
НМО	Single Furty	i wo i uity					
Kaiser Permanente \$15 - 234480-0089RMN	□ \$688.00	□ \$1,376.00	□ \$1,789.00				
Blue Shield Trio - 701071H031002	□ \$723.00	□ \$1,433.00	□ \$1,870.00				
Blue Shield Full Network - 701071H011002	□ \$752.00	□ \$1,494.00	□ \$1,950.00				
PPO							
Blue Shield 80G – 701070P031002	□ \$741.00	□ \$1,470.00	□ \$1,918.00				
Blue Shield 90G - 701070P021002	□\$803.00	□ \$1,599.00	□ \$2,087.00				
Blue Shield 100A - 701070P011002	□ \$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 06012	□ \$29.58	□ \$52.22	□ \$56.81				
Delta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3002	□ \$58.60	□ \$118.00	□ \$169.20				
Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics - 7079 3003	□ \$84.60	□ \$170.00	□ \$237.20				
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 - 2978582A	□ \$15.60	□ \$15.60 □ \$31.20 □ \$46.8					
RETIREE PAID: Total Monthly Premium Amount \$							

Retiree Signature (Required)

Print Name

Date

RETURN COMPLETED FORM(S) via email at hrefits@mtsac.edu

Internal Human Resources Use	Only: 🗆 SISC	🗆 Banner	🗌 Log	🗆 Payroll	Banner ID#: <u>A</u>
Lifetime Medical Eligibility:	□ Single Party	/ □Tw	o Party		