



RETIREMENT BENEFITS ENROLLMENT FORM

NAME: _____
Last First M.I.

Personnel Number

ADDRESS: _____
Street

Email Address

City State Zip

Retirement Date: _____

INSURANCE ELECTION: Please check the appropriate boxes by the plans in which you wish to enroll:

Medical:

Non-Medicare

- O Retiree Only
P Retiree & Spouse
Q Retiree & Children
R Retiree & Family

Supplemented by Medicare*

- I Retiree Only, on Medicare
J Retiree & Spouse, One on Medicare
K Retiree & Spouse, Both on Medicare
L Retiree & Children, on Medicare
M Retiree & Family, One on Medicare
N Retiree & Family, Both on Medicare

Dental:

- A Retiree Only
B Retiree & Spouse
C Retiree & Children
D Retiree & Family

*Retirees must provide a copy of their Medicare insurance card to receive the "Supplemented by Medicare" premium.

* To be eligible for and receive the "Supplemented by Medicare" premium, retirees must provide the Campus Benefits Office a copy of their Medicare insurance card. Medicare insurance cards must indicate both Medicare Part A and Part B to receive the "Supplemented by Medicare" premium.

Faculty and staff enrolled for medical, dental and/or life insurance at retirement may continue coverage (if eligible) at retirement, paying full premium cost of the coverage. If any benefit is discontinued, it cannot be reinstated at a future date.

Signature

Date