

## Confidential and Management Retiree Election Form (Non Medicare Eligible)

**Classification:**    ☐ Confidential                      ☐ Management

**Benefit Year: October 1, 2025 – September 30, 2026**

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"/> <b>Qualifying Life Event</b>  <input type="checkbox"/> <b>Open Enrollment</b>	<b>Please Select a Qualifying Life Event</b>			
	<input type="checkbox"/> Marriage/Domestic Partner <input type="checkbox"/> Divorce <input type="checkbox"/> Birth/Adoption	<input type="checkbox"/> Death <input type="checkbox"/> Gain/loss Coverage <input type="checkbox"/> Retirement	<input type="checkbox"/> Other (specify):	
RETIREE INFORMATION				
Legal Last Name		Legal First Name		Middle Initial
Street Address		City	State	Zip
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		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				
If you are eligible for District paid lifetime medical benefits, premiums will be paid accordingly.				

Benefit Plan Monthly Rates			
Medical Plan (Verify eligibility with Benefits Specialist)	Single-Party	Two-Party	Family
<b>HMO</b>			
Kaiser Permanente \$15 - 234480-0089RMN	<input type="checkbox"/> \$902.00	<input type="checkbox"/> \$1,805.00	<input type="checkbox"/> \$2,346.00
Blue Shield Trio - 701071H031002	<input type="checkbox"/> \$917.00	<input type="checkbox"/> \$1,825.00	<input type="checkbox"/> \$2,382.00
Blue Shield Full Network - 701071H011002	<input type="checkbox"/> \$955.00	<input type="checkbox"/> \$1,904.00	<input type="checkbox"/> \$2,486.00
<b>PPO</b>			
Blue Shield 80G – 701070P031002	<input type="checkbox"/> \$936.00	<input type="checkbox"/> \$1,866.00	<input type="checkbox"/> \$2,435.00
Blue Shield 90G - 701070P021002	<input type="checkbox"/> \$1,018.00	<input type="checkbox"/> \$2,034.00	<input type="checkbox"/> \$2,656.00
Blue Shield 100A - 701070P011002	<input type="checkbox"/> \$1,185.00	<input type="checkbox"/> \$2,377.00	<input type="checkbox"/> \$3,106.00
<b>Dental Plan</b> (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment.			
Delta Care HMO - 71691 06012	<input type="checkbox"/> \$29.58	<input type="checkbox"/> \$52.22	<input type="checkbox"/> \$56.81
Delta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3002	<input type="checkbox"/> \$54.60	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$158.20
Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics - 7079 3003	<input type="checkbox"/> \$79.60	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$224.20
<b>Vision Plan</b> (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 - 252464824RMN	<input type="checkbox"/> \$14.30	<input type="checkbox"/> \$28.60	<input type="checkbox"/> \$42.90

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#: A \_\_\_\_\_

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