



Retiree Plan Election Form (Medicare Eligible)

Classification: CSEA 262 CSEA 651 Auxiliary Confidential Management Executive

Benefit Year: October 1, 2026– September 30, 2027

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 <input type="checkbox"/> Open Enrollment	Please Select a Qualifying Life Event				
	<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"/> Medicare <input type="checkbox"/> Other (specify):		
RETIREE INFORMATION					
Legal Last Name		Legal First Name		Middle Initial	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip	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
HMO			
Kaiser Permanente: 1 person with Medicare (\$15 OV, \$5-20(30) Rx / KPSA \$10) <small>234480-0089RLN_1WM:CL/Aux 234480-0089RMN_1WM: CO/MA</small>	<input type="checkbox"/> \$243.00	<input type="checkbox"/> \$1,218.00	<input type="checkbox"/> \$1,803.00
Kaiser Permanente: 1 person with Medicare (\$0 OV, \$5 Rx / KPSA \$10) <small>234480-0088RLN_1WM:CL/Aux CLASSIFIED ONLY</small>	<input type="checkbox"/> \$243.00	<input type="checkbox"/> \$1,286.00	<input type="checkbox"/> \$1,912.00
Kaiser Permanente Senior Advantage: 2 persons with Medicare (KPSA \$10) <small>234439-0002RBN_2WM:CL/Aux CO/MA</small>	<input type="checkbox"/> \$243.00	<input type="checkbox"/> \$486.00	<input type="checkbox"/> \$1,090.00
Blue Shield of California HMO (\$10 OV, \$5-20 Rx) 701071H011004	<input type="checkbox"/> \$878.00	<input type="checkbox"/> \$1,756.00	<input type="checkbox"/> \$2,255.00
Blue Shield 65 Plus (OV \$20) 521390M011000064824	<input type="checkbox"/> \$455.00 per individual		
PPO			
Blue Shield of California: Employer Group Waiver Plan (EGWP) 100A (OV \$0, \$0-20 Rx) <small>669746P01101064824L: CL/Aux 669746P01101064824M: CO/MA</small>	<input type="checkbox"/> \$716.00	<input type="checkbox"/> \$1,432.00	<input type="checkbox"/> \$1,869.00
Companion Care 40003A064824	<input type="checkbox"/> \$510.00 per individual		
Dental Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment.			
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"/> \$54.60	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$158.20
Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics <small>7079 3008:CL/Aux 7079 3003:CO/MA</small>	<input type="checkbox"/> \$79.60	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$224.20
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 - 252464824RLN:CL/Aux 252464824RMN:CO/MA	<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

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

Lifetime Medical Eligibility: Single Party Two Party Management: Academic Classified