

Lifetime Medical Eligibility:

☐ Single Party

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Classification: ☐ CSEA 262 ☐ CSEA 651 ☐ Auxiliary

Benefit Year: October 1, 2024 - September 30, 2025

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 REQUESTE	D						
☐ Qualifying	Please Select a Qua	lifying Life Event								
Life Event	☐ Marriage/Domesti	☐Other (specify):								
☐ Open	☐ Divorce ☐ Birth/Adoption		ige							
Enrollment	□ Bil til/Adoption		Retirement							
			TIREE INFORMATI	ON						
Legal Last Name Legal First Name						Middle	Sex: ☐Male ☐Fema			
						Initial				
Street Address	S		City	Stat	e	Zip	Phone	Number		
5					6 . 1		<u> </u>			
Birthdate (mm	irthdate (mm/dd/yyyy) Email Address					Social Security Number				
Date of Event	1 1	Effective Da	Effective Date			If surviving spouse, list retiree name				
		HEALT	H BENEFIT PLANS	SELECTION N						
	If you are	eligible for District paid	lifetime medical be	nefits, premi	ums will	be paid acco	ordingly.			
					Ber	nefit Plan M	lonthly R	ates		
	(Verify eligibility with	Benefits Specialist)		Single-	Party	Two-I	Two-Party Fami			
HMO				- ¢02	4000.00		. 00	□ \$2,155.00		
Kaiser Permanente \$15 - 234480-0089RLN					·					
	•					□ \$1,658 = ¢4,773				
Kaiser Perman	ente \$0 - 234480-0088RL			□ \$88	6.00	□ \$1,773	.00	□ \$2,305.00		
Kaiser Perman Blue Shield Tri	ente \$0 - 234480-0088RL o - 701071H031003	N		□ \$88 □ \$85	6.00 1.00	□ \$1,773 □ \$1,696	.00	□ \$2,305.00 □ \$2,213.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful	ente \$0 - 234480-0088RL	N		□ \$88	6.00 1.00	□ \$1,773	.00	□ \$2,305.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO	ente \$0 - 234480-0088RL o - 701071H031003 II Network - 701071H011	N		□ \$88 □ \$85 □ \$88	6.00 1.00 8.00	□ \$1,773 □ \$1,696 □ \$1,771	.00	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90	ente \$0 - 234480-0088RL o - 701071H031003 II Network - 701071H011 G - 701070P021003	N		□ \$88 □ \$85 □ \$88	6.00 1.00 8.00 6.00	□ \$1,773 □ \$1,696 □ \$1,771 □ \$1,890	.00	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90	ente \$0 - 234480-0088RL o - 701071H031003 II Network - 701071H011	N		□ \$88 □ \$85 □ \$88	6.00 1.00 8.00	□ \$1,773 □ \$1,696 □ \$1,771	.00	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10	ente \$0 - 234480-0088RL o - 701071H031003 II Network - 701071H011 G - 701070P021003 OA - 701070P011003	N 1.003	ge at time of retirem	□ \$88 □ \$85 □ \$88 □ \$94 □ \$1,7	6.00 1.00 8.00 6.00 .02.00	□ \$1,773 □ \$1,696 □ \$1,771 □ \$1,890 □ \$2,211	.00 .00 .00	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10	ente \$0 - 234480-0088RL io - 701071H031003 II Network - 701071H011 G - 701070P021003 OA - 701070P011003 Retiree Paid Premiums	N	ge at time of retirem	\$88 \$85 \$88 \$94 \$1,7	6.00 1.00 8.00 6.00 .02.00	□ \$1,773 □ \$1,696 □ \$1,771 □ \$1,890 □ \$2,211	.00 .00 .00 .00 .00 .00	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00 □ \$1,889.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10 Dental Plan (F Delta Care HM	ente \$0 - 234480-0088RL fo - 701071H031003 II Network - 701071H011 G - 701070P021003 OA - 701070P011003 Retiree Paid Premiums	N 1.003) Failure to elect covera		□ \$88 □ \$85 □ \$88 □ \$94 □ \$1,7	6.00 1.00 8.00 6.00 .02.00 it your e	□ \$1,773 □ \$1,696 □ \$1,771 □ \$1,890 □ \$2,211	.00 .00 .00 .00 .00 .00	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10 Dental Plan (F Delta Care HM Delta Dental P	ente \$0 - 234480-0088RL fo - 701071H031003 II Network - 701071H011 G - 701070P021003 OA - 701070P011003 Retiree Paid Premiums 10 - 71691 06010 PO Plan 1500; \$2,000	N 1.003		□ \$88 □ \$85 □ \$88 □ \$94 □ \$1,2	6.00 1.00 8.00 6.00 .02.00 it your e	□ \$1,773 □ \$1,696 □ \$1,771 □ \$1,890 □ \$2,211 eligibility for □ \$52.22	.00 .00 .00 .00 .00 future er	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00 □ \$2,889.00		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10 Dental Plan (F Delta Care HM Delta Dental P	ente \$0 - 234480-0088RL 60 - 701071H031003 II Network - 701071H011 G - 701070P021003 OA - 701070P011003 Retiree Paid Premiums 10 - 71691 06010 PO Plan 1500; \$2,000 PO Plan Unlimited; \$2	N 1003) Failure to elect covera Orthodontics - 7079 3007 1,000 Orthodontics - 7079	9 3008	\$88	6.00 1.00 8.00 6.00 .02.00 it your e 58 60	□ \$1,773 □ \$1,696 □ \$1,771 □ \$1,890 □ \$2,211 eligibility for □ \$52.22 □ \$110.0 □ \$160.0	.00 .00 .00 .00 .00 future er	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00 □ \$56.81 □ \$158.20 □ \$224.20		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10 Dental Plan (F Delta Care HM Delta Dental P	ente \$0 - 234480-0088RL 60 - 701071H031003 II Network - 701071H011 G - 701070P021003 OA - 701070P011003 Retiree Paid Premiums 10 - 71691 06010 PO Plan 1500; \$2,000 PO Plan Unlimited; \$2	N 1.003) Failure to elect covera Orthodontics - 7079 3007	9 3008	\$88	6.00 1.00 8.00 6.00 .02.00 it your e 58 60	\$1,773 \$1,696 \$1,771 \$1,890 \$2,211 sligibility for \$52.22 \$110.0 \$160.0	.00 .00 .00 .00 .00 future er	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00 mrollment. □ \$56.81 □ \$158.20 □ \$224.20 mrollment.		
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Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10 Dental Plan (F Delta Care HM Delta Dental P Delta Dental P Vision Plan (R VSP Signature	ente \$0 - 234480-0088RL 0 - 701071H031003 II Network - 701071H011 G - 701070P021003 0A - 701070P011003 Retiree Paid Premiums 10 - 71691 06010 PO Plan 1500; \$2,000 PO Plan Unlimited; \$2 Retiree Paid Premiums Po Plan Unlimited; \$2 Retiree Paid Premiums	Orthodontics - 7079 3007,000 Orthodontics - 7079 Failure to elect coverago y - 252464824RLN	9 3008	\$88	6.00 1.00 8.00 6.00 .02.00 it your e 58 60 60	\$1,773 \$1,696 \$1,771 \$1,890 \$2,211 sligibility for \$52.22 \$110.0 \$160.0	.00 .00 .00 .00 .00 future er	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00 mrollment. □ \$56.81 □ \$158.20 □ \$224.20 mrollment.		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10 Dental Plan (F Delta Care HM Delta Dental P Delta Dental P Vision Plan (R VSP Signature	ente \$0 - 234480-0088RL 60 - 701071H031003 II Network - 701071H011 G - 701070P021003 OA - 701070P011003 Retiree Paid Premiums 10 - 71691 06010 PO Plan 1500; \$2,000 PO Plan Unlimited; \$2	Orthodontics - 7079 3007,000 Orthodontics - 7079 Failure to elect coverago y - 252464824RLN	9 3008	\$88	6.00 1.00 8.00 6.00 .02.00 it your e 58 60 60	\$1,773 \$1,696 \$1,771 \$1,890 \$2,211 sligibility for \$52.22 \$110.0 \$160.0	.00 .00 .00 .00 .00 future er	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00 mrollment. □ \$56.81 □ \$158.20 □ \$224.20 mrollment.		
Kaiser Perman Blue Shield Tri Blue Shield Ful PPO Blue Shield 90 Blue Shield 10 Dental Plan (F Delta Care HM Delta Dental P Delta Dental P Vision Plan (R VSP Signature	ente \$0 - 234480-0088RL	Orthodontics - 7079 3007,000 Orthodontics - 7079 Failure to elect coverago y - 252464824RLN	9 3008	\$88	6.00 1.00 8.00 6.00 .02.00 it your e 58 60 60	\$1,773 \$1,696 \$1,771 \$1,890 \$2,211 sligibility for \$52.22 \$110.0 \$160.0	.00 .00 .00 .00 .00 future er	□ \$2,305.00 □ \$2,213.00 □ \$2,312.00 □ \$2,312.00 □ \$2,468.00 □ \$2,889.00 mrollment. □ \$56.81 □ \$158.20 □ \$224.20 mrollment. □ \$42.90		

☐ Two Party