

## Executive Management Retiree Election Form (Non Medicare Eligible)

If you are eligible for District paid lifetime medical benefits, premiums will be paid accordingly.

**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>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Marriage/Domestic Partner  <input type="checkbox"/> Divorce  <input type="checkbox"/> Birth/Adoption                 </div> <div> <input type="checkbox"/> Death  <input type="checkbox"/> Gain/loss Coverage  <input type="checkbox"/> Retirement                 </div> <div> <input type="checkbox"/> Other (specify):                 </div> </div>			
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				

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