



RETIREMENT BENEFITS ENROLLMENT FORM

NAME: Last First M.I. Personnel Number
ADDRESS: Street Phone Number
City State Zip Email Address
Retirement Date

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

Medical: Non-Medicare (O, P, Q, R) and Supplemented by Medicare* (I, J, K, L, M, N) options with checkboxes.
Dental: (A, B, C, D) options with checkboxes.

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

Life Insurance: Retiree Coverage: Spouse Coverage:
Please contact Assurity Life Insurance at (800) 869-0355 to enroll for coverage.

*Group medical insurance premiums are based on the retiree's Medicare Part A and Part B enrollment. Retirees and/or dependents not enrolled in Medicare Part A and Part B are required to pay the "Non-Medicare" premium. Retirees and/or dependents enrolled in Medicare Part A and Part B are eligible for the "Supplemented by Medicare" premium. This lower premium is made possible due to the university's retiree insurance plan coordinating benefits with Medicare. 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