



RETIREMENT BENEFITS ENROLLMENT FORM

NAME: \_\_\_\_\_
Last First M.I. Personnel Number

ADDRESS: \_\_\_\_\_
Street
City State Zip

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

Medical:

Non-Medicare

- O Retiree Only
P Retiree & Spouse
Q Retiree & Children
R Retiree & Family

Supplemented by Medicare\*

- I Retiree Only, on Medicare
J Retiree & Spouse, One on Medicare
K Retiree & Spouse, Both on Medicare
L Retiree & Children, on Medicare
M Retiree & Family, One on Medicare
N Retiree & Family, Both on Medicare

Dental:

- A Retiree Only
B Retiree & Spouse
C Retiree & Children
D Retiree & Family

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

\* 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