

# Retiree Benefits Enrollment

## Retiree Information

Last Name

First Name

Birthdate

Phone Number

Personal Email

## Medical Plan Enrollment Choices

- I want to enroll in Retiree Medical coverage
  - Only Myself
  - Myself and my spouse/partner who was covered on the plan at the time I retired
  - Myself and all child dependent(s) covered on the plan at the time I retired
  - Myself, my spouse/partner, and all child dependent(s) covered on the plan at the time I retired
  - Some but not all the individuals who were covered on the plan at the time I retired (Please complete Dependent Information Page)
- I want to decline Retiree Medical coverage
  - Decline retiree medical coverage

## Dental Plan Enrollment Choices

- I want to enroll in Retiree Dental coverage
  - Only Myself
  - Myself and my spouse/partner who was covered on the plan at the time I retired
  - Myself and all child dependent(s) covered on the plan at the time I retired
  - Myself, my spouse/partner, and all child dependent(s) covered on the plan at the time I retired
  - Some but not all the individuals who were covered on the plan at the time I retired (Please complete Dependent Information Page)
- I want to decline Retiree Dental coverage
  - Decline retiree dental coverage

## Retiree Signature

Signature

Today's Date

Only complete if you are enrolling some, but not all the individuals who were covered on your medical/and or dental plan at the time of retirement

## Dependent Information

<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
Enroll in	Medical	Dental

<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
Enroll in	Medical	Dental

<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
Enroll in	Medical	Dental

<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
Enroll in	Medical	Dental

<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
Enroll in	Medical	Dental

<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
Enroll in	Medical	Dental

<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
Enroll in	Medical	Dental