



CLASSIFIED, MANAGEMENT & CLASS. CONFIDENTIAL
DISTRICT PAID EARLY RETIREE GROUPS
(Retirees with at least ONE person under age 65)
Medical Plan Election Form
10/1/18 to 9/30/19 Plan Year

INSTRUCTIONS:

Plan changes are only allowed during the regular Open Enrollment period effective October 1 unless you have a mid-year qualifying event and notify the Benefits Office within 31-days of the qualifying event.

Review the plan options available, elect your plan by initialing the box below the plan you are electing then sign and date. **Forms are due to the campus Human Resources Office in order to process in a timely manner.**

Medical Plan Election

SISC Pool Plans	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO*
	100-A \$20, Rx 5-20	90-G \$20, Rx 7-25	80-G \$30, Rx 7-25	Trad HMO \$10, Rx 10
Medical - Monthly Composite Rate	\$1,500.00	\$1,302.00	\$1,201.00	\$1,175.00
KCCD Contribution	\$1,302.00	\$1,302.00	\$1,302.00	\$1,302.00
Early Retiree Contribution Monthly	\$198.00	\$0.00	\$0.00	\$0.00

Click box below to select which classification group applies to you:

Medical Election
Initial Box for Elected Plan

- Classified** Early Retiree EE Groups
- Management** Early Retiree EE Groups

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40816M	40816N	40816P	225543-3035
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40817M	40817Q	40817Y	225543-3036

* Kaiser Enrollees must live or work in Kaiser Service Area to be eligible to enroll. You must submit a Kaiser Enrollment Form with this Election Form

Note: Premium payment for enrollment in coverages above are due by the 1st of each month of coverage

PRINT FULL LEGAL NAME	SIGNATURE	DATE
ADDRESS (Include: City, State & Zip code)	PHONE NUMBER	
RETIREE SOCIAL SECURITY NUMBER	RETIREE EMAIL ADDRESS (Optional)	

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Thank you