



CLASSIFIED, MANAGEMENT & CLASS. CONFIDENTIAL
DISTRICT PAID EARLY RETIREE GROUPS
(Retirees with at least ONE person under age 65)
Medical Plan Election Form

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 Human Resources Benefits Office as soon as possible in order to be processed in a timely manner.**

SISC Plans including Dental options:	Anthem PPO 100-A with Delta PPO	Anthem PPO 100-A with Delta Premier	Anthem PPO 90-G with Delta PPO	Anthem PPO 90-G with Delta Premier	Anthem PPO 80-G with Delta PPO	Anthem PPO 80-G with Delta Premier	Kaiser HMO*Trad with Delta PPO	Kaiser HMO*Trad with Delta Premier
Monthly Composite Rate	\$1,744.40	\$1,729.00	\$1,540.40	\$1,525.00	\$1,418.40	\$1,403.00	\$1,399.40	\$1,384.00
KCCD Contribution	\$1,488.00	\$1,488.00	\$1,488.00	\$1,488.00	\$1,488.00	\$1,488.00	\$1,488.00	\$1,488.00
Early Retiree Cost	\$256.40	\$241.00	\$52.40	\$37.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Box for Elected Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Classified Early Retiree EE Groups

Management Early retiree EE Groups

* 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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