



Faculty District Paid Early Retiree Group

(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.**

Early Retiree 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	\$1,631.00	\$1,427.00	\$1,305.00	\$1,286.00
KCCD Contribution	\$1,381.00	\$1,381.00	\$1,381.00	\$1,381.00
Retiree Contribution (12thly) Month - Month	\$250.00	\$46.00	\$0.00	\$0.00

Click box below to make selection:

Faculty Early Retiree Group

Early Retiree Medical Election Initial Box for Elected Plan

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40818M	40818Q	40818Y	225543-3037

* 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

RETIREE SOCIAL SECURITY NUMBER

RETIREE EMAIL ADDRESS (Optional)

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