

CLASSIFIED, MANAGEMENT & CLASS. CONFIDENTIAL DISTRICT PAID EARLY RETIREE GROUPS

(Retirees with at least ONE person under age 65)

Medical Plan Election Form

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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 KCCD Contribution Early Retiree Cost Initial Box for Elected Plan	\$1,869.40 \$1,874.40 \$0	\$1,855.00 \$1,874.40 \$0	\$1,658.40 \$1,874.40 \$0	\$1,644.00 \$1,874.40 \$0	\$1,520.40 \$1,874.40 \$0	\$1,506.00 \$1,874.40 \$0	\$1,530.40 \$1,874.40 \$0	\$1,516.00 \$1,874.40 \$0			
Click box below to select which classification group applies to you:											
Classified 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						
ADDRESS (Include: City, State & Zip code)					PHONE NUMBER						
RETIREE SOCIAL SECURITY NUMBER					RETIREE EMAIL ADDRESS (Optional)						

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