



EMPLOYEE RETIREMENT HEALTH BENEFIT FORM

CONTINUE/DISCONTINUE

Instructions: Employees retiring from the District must complete the table below to indicate intention to continue/discontinue medical and dental coverage for self/dependents based on HR Procedure 1120.07. The Vision Services and Employee Assistance Plan are not part of District Retiree health benefits, but maybe purchased by paying the full premium. **Eligible full-time faculty employees** retiring at the end of the semester must be enrolled in 1) Medicare Part A and B through the Social Security Department and a District Sponsored Medicare Plan through District HR effective July 1 or January 1 depending on the semester. **Eligible classified and management employees** must be enrolled in 1) Medicare Part A and B through the Social Security Department and a 2) District Sponsored Medicare Plan through District HR effective the first of the month following the date of retirement.

Last Name		First Name		Retirement Date	
Social Security or ID #	Phone Number	Job Title	Location		

Continue (Circle)		Coverage Type	First Name	Last Name	Relationship
YES	NO	Medical			
YES	NO	Dental			
YES	NO	Medical			
YES	NO	Dental			
YES	NO	Medical			
YES	NO	Dental			
YES	NO	Medical			
YES	NO	Dental			
YES	NO	Medical			
YES	NO	Dental			
YES	NO	Medical			
YES	NO	Dental			
YES	NO	Medical			
YES	NO	Dental			

Vision Services Plan (VSP) - COBRA (same as active plan) and Voluntary Retiree VSP

- Single , 2-Party , or Family
- I plan to start with COBRA VSP for 18 months (lower cost) THEN continue voluntary retiree VSP by paying the full premium (District's Cost)
- I **WILL NOT** continue VSP

Employee Assistance Plan (EAP) - COBRA (same as active plan) and Voluntary Retiree EAP

- I plan to Start with COBRA EAP for 18 months (lower cost) THEN continue voluntary retiree EAP by paying the full premium (District's cost).
- I **WILL NOT** continue EAP

By signing this form, I understand based on Payroll Procedure 19.14, for those retirees whose premiums are not 100 percent District-covered, or who opt-in to District coverage, monthly or quarterly invoices will be sent to each retiree by the District Office Payroll department. **Please Note:** Accounts past due are subject to immediate termination.

Signature		Date	
-----------	--	------	--