

## ADJUNCT PROFESSOR RETIREMENT HEALTH BENEFIT CONTINUE OR DISCONTINUE FORM

<u>Instructions:</u> Adjunct professors retiring from the district may continue current health benefits by paying the full premium. Adjunct professors eligible for Medicare must enroll in Medicare A and B at the time of retirement AND enroll in a District sponsored Medicare plan. Complete this form and the District sponsored Medicare plan enrollment form (if applicable) and send them to <a href="DOHR@4cd.edu">DOHR@4cd.edu</a>.

Last Name				First Name		Retirement	Retirement Date	
Social Security or ID # Phone Num			Number	Job Title		District or C	District or College Location	
Continue	Coverage Type		First Name		Last Name		Relationship	
☐ YES ☐ NO	Medica	l						
☐ YES ☐ NO	Dental						Self	
☐ YES ☐ NO	VSP							
☐ YES ☐ NO	Medica	I						
☐ YES ☐ NO	Dental						Spouse	
☐ YES ☐ NO	VSP							
☐ YES ☐ NO	Medica	l						
☐ YES ☐ NO	Dental						Dependent	
☐ YES ☐ NO	VSP							
Medicare Enrollment								
Are you going	to be Me	dicare		Eligible (normally age 65 and over) adjunct faculty employees continuing medical coverage and eligible for Medicare Part A and B through the Social				
eligible (norma			er) Eligible					
upon your reti			medical					
Security Department <b>must</b> enroll in a District Sponsored Medicare Plan								
☐ Yes ☐ No <b>Employee</b>				(Kaiser Senior Advantage or the Anthem Medicare plan). Medicare enrollment forms are kept at the <a href="https://www.4cd.edu/hr/benefits.">www.4cd.edu/hr/benefits.</a>				
			emonin	ent forms are kept o	at the <u>www.4cd.edt</u>	i/III/bellelits.		
☐ Yes ☐ No	Spouse							
By signing this form, I understand that 100 percent of the premium will be paid by the adjunct professor, and monthly								
or quarterly invoices will be sent to the adjunct professor by the District Office Payroll department.								
Please Note: Accounts past due are subject to immediate termination.								
Signature						ate		
Signature						aic		
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