



## RETIREMENT HEALTH BENEFIT CONTINUE OR DISCONTINUE FORM

**Instructions:** Employees retiring from the District must complete the table below to indicate intention to continue or discontinue medical and dental coverage for self or dependents (if applicable) 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. Retirees enrolled in a District sponsored Medicare plan may receive Medicare Part B reimbursement by completing and submitting the Medicare Part B reimbursement form kept at [www.4cd.edu/hr/benefits](http://www.4cd.edu/hr/benefits).

Last Name		First Name	Retirement Date
Last 4 of SSN or Employee ID #	Date of Birth	Phone Number	District or College 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	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

### Medicare Enrollment

Are you going to be Medicare eligible (normally age 65 and over) upon your retirement date?

☐ Yes ☐ No **Employee**

☐ Yes ☐ No **Spouse**

**Eligible (normally age 65 and over) full-time faculty employees** retiring at the end of the semester and eligible for District sponsored retiree medical coverage must be enrolled in 1) Medicare Part A and B through the Social Security Department and a District Sponsored Medicare Plan (Kaiser Senior Advantage or the Anthem Medicare plan. Enrollment forms kept at the [www.4cd.edu/hr/benefits](http://www.4cd.edu/hr/benefits)) through District HR effective July 1 or January 1 depending on the semester. **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.

*Please note: Retirees and spouse turning age 65 after retirement and eligible for retiree health benefits must enroll in Medicare Part A and B and a District Sponsored Medicare plan effective the 1st of the month in the month the retiree turns 65.*

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	
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