

## RETIREMEN'BENEFIT SENROLLMENTFORM

NAME:		
ADDRESS:	Last First M.I.	Personne <b>N</b> umber
NDBNEGO <u>.</u>	Street	PhoneNumber
	City State Zip	EmailAddress
		RetirementDate
INSURANCE	ELECTIONPleasecheckthe appropriateboxesl	by the plansin which you wish to enroll:
	Non Medicare Sup	pplemente <b>b</b> yMedicarě
Medical: 0	RetireeOnly I Ret	ireeOnly, on Medicare
Р	Retiree& Spouse J Ret	iree& Spouse,One on Medicare
Q	Retiree& Children K Ret	iree& Spouse,Both on Medicare
R	Retiree& Family L Ret	iree& Children,on Medicare
		iree& Family,One on Medicare
	N Ret	iree& Family,Both on Medicare
Dental: A	RetireeOnly	
В	Retiree& Spouse	
C	Retiree& Children	
D	Retiree& Family	
*Retireesmu premium.	st provide a copyof their Medicareinsuranceca	rd to receivethe "Supplementedby Medicare"
Life Insura	nce RetireeCoverage: SpouseCoverage:	verage: 00)869 <b>£</b> 355to enrollfor coverage.
Retireesand/ Medicare"pre "Supplement insurancepla Medicare" pr card. Medica	calinsurancepremiumsare basedon the retiree's ordependents not enrolled in Medicare Part A and emium. Retirees and/ordependents enrolled in Medicare premium. This lower premium is a coordinating benefits with Medicare. To be elignemium, retirees must provide the Campus Benefits urance cards must indicate both Medicare and by Medicare" premium.	Id Part Bare requiredto pay the "Non æ MedicarePart A and Part Bare eligible for the Is madepossibledue to the university's retiree gible for and receive the "Supplemented by efits Office a copy of their Medicare in surance
•	raff enrolledfor medical, dental and/orlife insura irement, payingfull premium cost of the coverage a future date.	•
Signature		 Date