

Seminole State College of Florida 2010 Open Enrollment Retiree Benefits Election Form

Form only required if you are requesting benefit changes for calendar year 2010. If so, please submit form to HR by no later than noon, October 30, 2009.

Retiree Name: _____

Social Security # (Last 4 digits only) or your College EMPL ID if you retired since the College converted to PeopleSoft in July 2003: _____

If you do not want to request benefit changes for calendar year 2010, you do NOT need to complete this form.

If you are requesting benefit changes for calendar year 2010, please complete this form and turn it in to HR no later than noon on Friday, October 30, 2009. Also, please submit any required insurance applications.

Please contact HR/Benefits if you need any assistance when completing your 2010 Retiree Benefits Election Form.

Open enrollment benefit coverage begins January 1, 2010, and the premiums for those benefits are payroll deducted by the FRS or billed to you beginning in December 2009.

Retiree coverage is subject to Retiree Health, Dental and Vision Insurance – Policy 2.4700.

Domestic Partnership Coverage - Monthly Premiums for Domestic Partnership coverage are the same as for Spouse coverage.

I authorize the continuation of my previous benefit elections and any changes to those elections as requested on this form. I also authorize the retirement payroll deductions required for such elections. I understand that election changes for health, dental, or vision can only take place during open enrollment, unless a qualifying event occurs.

Signature: _____

Date: _____

◆ HEALTH Insurance	Monthly Premium
PLAN A PPO BlueOptions (Network Blue) #3562	
<input type="checkbox"/> Retiree Only	\$ 465.00
<input type="checkbox"/> Retiree + Spouse	\$ 860.00
<input type="checkbox"/> Retiree+ (1-2)Child(ren)	\$ 741.00
<input type="checkbox"/> Retiree+ (3-4) Children	\$ 838.00
<input type="checkbox"/> Retiree+ (5 or more) Children	\$ 1,120.00
<input type="checkbox"/> Retiree+ Family	\$ 1,120.00
<input type="checkbox"/> Spouse of Deceased Retiree	\$ 465.00
<input type="checkbox"/> Waive	
PLAN B BlueCare HMO (Network BlueCare) #10	
<input type="checkbox"/> Retiree Only	\$ 485.00
<input type="checkbox"/> Retiree + Spouse	\$ 898.00
<input type="checkbox"/> Retiree+ (1-2)Child(ren)	\$ 774.00
<input type="checkbox"/> Retiree+ (3-4) Children	\$ 873.00
<input type="checkbox"/> Retiree+ (5 or more) Children	\$ 1,169.00
<input type="checkbox"/> Retiree+ Family	\$ 1,169.00
<input type="checkbox"/> Spouse of Deceased Retiree	\$ 485.00
<input type="checkbox"/> Waive	
PLAN E PPO BlueOptions (Network Blue) #3566	
<input type="checkbox"/> Retiree Only	\$ 428.00
<input type="checkbox"/> Retiree + Spouse	\$ 792.00
<input type="checkbox"/> Retiree+ (1-2) Child(ren)	\$ 682.00
<input type="checkbox"/> Retiree+ (3-4) Children	\$ 772.00
<input type="checkbox"/> Retiree+ (5 or more) Children	\$ 1,031.00
<input type="checkbox"/> Retiree + Family	\$ 1,031.00
<input type="checkbox"/> Spouse of Deceased Retiree	\$ 428.00
<input type="checkbox"/> Waive	
PLAN F (Dependent Only) PPO BlueOptions (Network Blue) #3361	
<input type="checkbox"/> Retiree - Indicate the plan you will be enrolled in for 2010: _____ (must be Plan A, B or E). Dependents are enrolled in Plan F:	
<input type="checkbox"/> Spouse	\$ 316.00
<input type="checkbox"/> Child(ren) (1-2)	\$ 221.00
<input type="checkbox"/> Children (3-4)	\$ 299.00
<input type="checkbox"/> EE+ (5 or more) Children	\$ 524.00
<input type="checkbox"/> Spouse + Children	\$ 524.00
<input type="checkbox"/> Waive	

◆ HEALTH Insurance	Monthly Premium
BlueMedicare Group PPO Medicare Advantage Plan	
<input type="checkbox"/> Retiree Only	\$ 254.38
<input type="checkbox"/> Retiree + Spouse	\$ 508.76
<input type="checkbox"/> Split Contract/Plan A (\$254.38) +	\$ 474.00
<input type="checkbox"/> Split Contract/Plan B (\$254.38) +	\$ 485.00
<input type="checkbox"/> Split Contract/Plan E (\$254.38) +	\$ 437.00
<input type="checkbox"/> Waive	
BlueMedicare Group Private Fee for Service Health Plan (Reside out of State)	
<input type="checkbox"/> Retiree Only	\$ 316.08
<input type="checkbox"/> Retiree + Spouse	\$ 632.16
<input type="checkbox"/> Split Contract/Plan A (\$316.08) +	\$ 474.00
<input type="checkbox"/> Split Contract/Plan B (\$316.08) +	\$ 485.00
<input type="checkbox"/> Split Contract/Plan E (\$316.08) +	\$ 437.00
<input type="checkbox"/> Waive	
DENTAL Insurance	Monthly Premium
United Concordia (Network: Advantage Plus)	
<input type="checkbox"/> Retiree Only	\$ 26.98
<input type="checkbox"/> Retiree + Dependents	\$ 67.43
<input type="checkbox"/> Waive	
VISION Insurance	Monthly Premium
Humana CompBenefitsVision Care Plan	
<input type="checkbox"/> Retiree Only	\$ 6.50
<input type="checkbox"/> Retiree + Family	\$ 18.60
<input type="checkbox"/> Waive	
LIFE Insurance	Monthly Premium
The Standard Life Insurance Company	
<input type="checkbox"/> Basic Life & AD&D - \$5,000	\$ 11.20
Supplemental Term Life:	
<input type="checkbox"/> \$5,000.	\$ 11.00
<input type="checkbox"/> \$10,000.	\$ 22.00
<input type="checkbox"/> \$15,000.	\$ 33.00
<input type="checkbox"/> \$20,000.	\$ 44.00
<input type="checkbox"/> \$25,000.	\$ 55.00
<input type="checkbox"/> Waive	

Increases in life insurance coverage are subject to medical underwriting approval. You must be insured with Basic Life and AD&D in order to be eligible for Supplemental Life. Supplemental Life doesn't include accidental death and dismemberment (AD&D) coverage.