

RETIREE Name: \_\_\_\_\_

EMPLID# \_\_\_\_\_

◆ Health Insurance Options

♣ PLAN A BLUECHOICE PPO		
	Coverage Level	Monthly Premium
<input type="checkbox"/>	Retiree Only	\$ 375.00
<input type="checkbox"/>	Retiree + Spouse	\$ 694.00
<input type="checkbox"/>	Retiree + (1-2) Child(ren)	\$ 598.00
<input type="checkbox"/>	Retiree + (3-4) Children	\$ 676.00
<input type="checkbox"/>	Retiree + (5 or more) Children	\$ 905.00
<input type="checkbox"/>	Retiree + Family	\$ 905.00
<input type="checkbox"/>	Waived	N/A
♣ PLAN B BLUECARE HMO		
<input type="checkbox"/>	Retiree Only	\$ 375.00
<input type="checkbox"/>	Retiree + Spouse	\$ 739.00
<input type="checkbox"/>	Retiree + (1-2) Child(ren)	\$ 766.00
<input type="checkbox"/>	Retiree + (3-4) Children	\$ 766.00
<input type="checkbox"/>	Retiree + (5 or more) Children	\$ 766.00
<input type="checkbox"/>	Retiree + Family	\$1,141.00
<input type="checkbox"/>	Waived	N/A
♣ PLAN C SUPPLEMENTAL		
<input type="checkbox"/>	Retiree Only	\$ 100.00
<input type="checkbox"/>	Spouse of Deceased Retiree	\$ 100.00
<input type="checkbox"/>	Waived	N/A

◆ Dental Insurance Option

♣ Florida Combined Life (BC/BS) Dental Assistance Plan <sup>1</sup>		
	Coverage Level	Monthly Premium
<input type="checkbox"/>	Retiree Only <sup>1</sup>	\$ 20.00
<input type="checkbox"/>	Retiree + Family <sup>1</sup>	\$ 50.00
<input type="checkbox"/>	Waived	N/A

<sup>1</sup> - In order to purchase the Dental Insurance Option, you must be enrolled in health insurance Plan A, Plan B or Supplemental Plan C.

◆ Vision Option

♣ Vision Care Plan		
	Coverage Level	Monthly Premium
<input type="checkbox"/>	Employee Only	\$ 6.50
<input type="checkbox"/>	EE + Family	\$ 18.60
<input type="checkbox"/>	Waived	

◆ ♣ Life Insurance Option

	Basic Coverage Level <sup>2</sup>	Monthly Premium
<input type="checkbox"/>	Retiree Basic Term Life (Premium Rates are per \$1,000.00) <sup>2</sup>	\$ 2.36
<input type="checkbox"/>	Retiree Basic Term AD&D (Premium Rates are per \$1,000.00) <sup>2</sup>	\$ 0.06
<input type="checkbox"/>	Waived	N/A

<sup>2</sup> - Maximum benefit of \$5,000 is \$11.80 per month for life insurance and \$0.30 per month for AD&D insurance.

◆ ♣ Life Insurance Option

	Supplemental Coverage Level <sup>3</sup>	Monthly Premium
<input type="checkbox"/>	Retiree Supplemental Term Life - Available only in amounts of \$5,000, \$10,000, \$15,000 or \$20,000. (Premium Rates are per \$1,000.00) <sup>3</sup>	\$ 2.36
<input type="checkbox"/>	Waived	N/A

<sup>3</sup> - This benefit reduces to 65% at age 65, to 50% at age 70 and to 25% at age 75. AD&D insurance is not available with this coverage.

Insurance Coverage Special Notes:

1. Retirees and/or a dependent(s) of a retiree must elect to participate in the retiree health and/or life program within 30 days of the date of retirement (termination) from the college.
2. If a retiree terminates health and/or life coverage, they may not re-enter the program at a later date.
3. An employee enrolled in Plan A at the time of retirement may continue coverage in Plan A or may change to Plan B (or vice-versa) through the retiree health program.
4. Remember to submit Prior/Concurrent Coverage Affidavit for pre-existing condition waiver for Plan A.

FOR HR USE ONLY

Original: Human Resources    Yellow: Payroll    Pink: Employee

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BAS: \_\_\_\_\_ PS ENTERED: \_\_\_\_\_ Processed: \_\_\_\_\_ Verified \_\_\_\_\_

RETIREE Name: \_\_\_\_\_

EMPLID# \_\_\_\_\_

**Library Card**

<input type="checkbox"/>	♣ New Card Needed	Borrowing access to all SCC learning resource centers
<input type="checkbox"/>	♣ Current Card Needs Retiree Decal	
<input type="checkbox"/>	Waived	<input type="checkbox"/> Undecided

**Exercise Facility**

	<b>Access to:</b>	<b>Exercise / Weight Room and Tennis Courts</b>
<input type="checkbox"/>	Must present SCC Library Card and Picture ID to gain admittance	Hours:

**Theatre Admission**

	<b>Discounts For:</b>	<b>Tickets and SCC Student Productions</b>
<input type="checkbox"/>	I want my name added to cultural arts mailing list.	Must present SCC Library Card and Picture ID to gain admittance
<input type="checkbox"/>	I <u>do not</u> want my name added to cultural arts mailing list.	

**Tuition Waiver**

	<b>Refer to Manual of Procedures</b>
<input type="checkbox"/>	I am interested in taking a class at SCC.
<input type="checkbox"/>	My spouse/dependent children are interested in taking a class at SCC.
<input type="checkbox"/>	I <u>elect not to</u> participate at this time.

**Email and Postal Mail**

<input type="checkbox"/>	I would like to continue to use my email and postal mail address.	My email address is:
<input type="checkbox"/>	Waived	

**Cards/Correspondence**

<input type="checkbox"/>	I would like to request retiree stationary and/or business cards.	Name:
		Current Title:
<input type="checkbox"/>	Waived	

**Parking**

<input type="checkbox"/>	I would like to request a retiree parking decal.	Faculty and staff area parking at all campus locations
<input type="checkbox"/>	Waived	

**Important Reminders**

♣ You must submit this form along with an enrollment form for every option marked with a ♣ clover.

◆ **Authorization**  
I authorize the elections made and any payroll deduction required for such elections. I understand that election changes can only take place during open enrollment on any option marked with the ◆, unless a qualifying event occurs. Qualifying events have been explained to me.

**Retiree Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

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