

LOS RIOS COMMUNITY COLLEGE DISTRICT
EMPLOYEE BENEFITS DEPARTMENT
RETIREE PROCESSING FORM

SECTION I:

Name: _____ Retirement Date: _____

DOB: _____ SSN: _____ Phone: _____

ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Election in Retirement:

Medical: Los Rios Medical Insurance Non-Los Rios Medical Insurance

If electing Los Rios Medical Insurance, indicate your plan below:

Retiree Medical Plan: _____

Delta Dental Plan: Cancel HMO PPO Ineligible

If you are covering a dependent(s) on a Los Rios sponsored medical and/or dental plan, please complete Section II. If you are not covering a dependent(s) on a Los Rios sponsored medical and/or dental plan, continue to Section III.

SECTION II:

If covering dependents, please complete the following:

Dependent 1 Name: _____ DOB: _____ SSN: _____

Dependent 2 Name: _____ DOB: _____ SSN: _____

I wish to cover my dependent(s) on: Los Rios Medical Insurance Los Rios Dental Insurance

If covering dependent(s) on medical, indicate the plan below:

Dependent 1 Medical Plan: _____

Dependent 2 Medical Plan: _____

SECTION III:

Please review the back of this document for rules and eligibility requirements for health insurance enrollment and District contribution eligibility. **I have read and understand the rules and eligibility requirements.**

Signature: _____ EMPLID: _____ Date: _____

PRINT & SIGN

To be completed by the Employee Benefits Department:

Effective Date: _____ Years of FT Service _____ Equivalent Years of Service _____

PERS: STRS: Eligible for District Contribution: Yes No B.U. _____

Health Insurance Monthly Cost:

Retiree Medical Premium: _____ Total Medical Cost: _____

Less District Contribution: _____ Dental Premium: _____

Dependent(s) Medical Cost: _____ Total Monthly EMT: _____

Retirees may enroll or change plans at the time of retirement if allowed by the medical carriers. A retiree must be continuously enrolled in the District retiree group plan in order to remain in the District medical and dental plans with one exception:

In order to allow retirees access to the Health Insurance Marketplace (Exchange) and possible subsidy under the Affordable Care Act, employees who retire before the age of 65 may choose a **medical** plan other than a District **medical** plan without forfeiting their ability to enroll in a District health plan upon turning age 65. The retiree must provide evidence of continued coverage from the date of retirement to age 65 or Medicare enrollment (if earlier than age 65) and provide evidence of enrollment in Medicare. **This does not apply to dental insurance.**

The retiree must elect a District medical plan upon turning 65, or otherwise becoming Medicare eligible. The retiree will have a seven month window to contact the Employee Benefits Department to obtain the appropriate enrollment forms and return them. The seven month period includes the three months prior to the member's 65th birthday, the month of the birthday, and the three months after the 65th birthday. *For retirees who become Medicare eligible prior to age 65, the seven month window is the 3 months before, the month of and the 3 months after the Medicare eligibility date, not the 65th birthday. In these cases, a 2nd window will NOT be given when the retiree reaches 65. It is the retiree's responsibility to contact the Employee Benefits Department within the specified time frame if they wish to enroll in a District sponsored health plan.*

The retiree must be covered by a District plan for a spouse or dependent to be covered, with the following exception: if a retiree predeceases his/her spouse and/or dependent(s), the spouse and/or dependent(s) are eligible to remain on the Los Rios sponsored medical and dental plan.

Retirees are provided an opportunity to change District medical and dental plans during each annual open enrollment period.

DISTRICT CONTRIBUTION ELIGIBILITY:

The District shall make monthly contributions for full-time regular members who are at least age 55, or between the ages of 50 and 55 and receiving disability incomes under the District's Disability Income Protection Plan and have completed 15 years of full time service with Los Rios Community College District. You must also retire from Los Rios Community College District and collect retirement benefits from PERS/STRS.

The contribution is only for the retiree's medical insurance and not for the retiree's spouse and/or dependent(s). The contribution does not cover dental insurance. The retiree is eligible for the maximum District contribution, but no more than the actual premium amount, including Medicare Parts A, B, D and any supplemental medical insurance premium.

CONTACT EMPLOYEE BENEFITS IF YOU EXPERIENCE A:

- Change in monthly medical premium if you have a non-District sponsored plan.
- Changes to bank account information.
- Change in address and/or phone number.
- Change in emergency contact information.