Sacramento City Unified School District

Retiree Health Enrollment

Selection and Deduction Agreement for Dental/Vision/Life/Dependent Coverage

Name (PRINT): _____ Date of Birth: _____
(Last) (First)

S S #: ___ ___ ___ -- ___ ___ -- ___ ___ ____ ____ Phone: _____ Email: _____

Address: _____
(Street) (City and State) (Zip)

I want to change my current benefits as indicated below. Please enroll in one of the following retirement benefits. **Refer to current rate sheet for premiums**.

Pension Plan: ☐ STRS ☐ PERS

- **Medical Waiver** ☐ Waiver form and **proof of other group coverage** attached. ☐ OPT OUT
- **Certificated Medical**
  Health Net: ☐ Health Net ☐ Seniority Plus ☐ AARP
  Kaiser: ☐ Kaiser ☐ Senior Advantage
- **Classified/Mgmt Medical** ☐ Kaiser ☐ Senior Advantage ☐ WHA ☐ Sutter Health ☐ Futuris Care
  If eligible, the District or agent will reimburse me based on my eligibility of 100% or 50%.
- **Medicare** All retirees and/or their dependents are eligible for Medicare Part A and B upon reaching age 65. To protect your insurance coverage under district's medical plans you and your dependents **MUST** enroll in Medicare A and B benefits at the Social Security Office.
- **Dental**
  ☐ I elect Dental coverage. ☐ I do not elect coverage
  Retiree Only, Two-Party or Family
  ☐ Premier Access ☐ Delta Dental
- **Vision** ☐ I elect Retiree Only ☐ I elect Two-Party ☐ I do not elect coverage
  ☐ I elect Family
- **Life** ☐ I elect Life Insurance. ☐ I do not elect coverage
  Retiree Only, Two-Party, Family
- **Dependent Coverage** ☐ I elect dependent coverage. ☐ I do not elect coverage

NAME OF DEPENDENT	SOCIAL SECURITY NO.	DOB	RELATIONSHIP
_____	_____-_____-_____	___/____/____	_____
_____	_____-_____-_____	___/____/____	_____

I agree that STRS/PERS shall deduct monthly from my pension the following amounts: $ _____

I understand and agree that my STRS/PERS pension will be reduced by my selected options and/or any health deductions. I also understand if my STRS/PERS pension **does not cover** the total amount now or any time in the future, I will need to make personal payments to the District or District's agent. Changes to your selections can be made only during Open Enrollment or with a qualifying event.

_____ _____
Signature Date

INTERNAL USE : Current Age _____ Approved STRS/PERS _____ Years of Qualified Service _____
Last Day Worked: _____ Effective Date for Selection(s): _____