



Retiree Health Care Election Form 2024

YOUR INFORMATION

Retiree Name	Social Security Number
Home Street Address	City, ST Zip Code
Email	Phone Number
Gender	Marital Status
Date of Birth	Effective Date of Coverage

YOUR DEPENDENT'S INFORMATION

Complete this information if your spouse will be covered on the insurance plan(s).

Spouse's Name	Social Security Number
Gender	Date of Birth

YOUR EMERGENCY CONTACT

Please list your emergency contact's information below:

Emergency Contact's Name	Relationship
Phone Number	Alternate Phone Number (optional)

COMMENTS (optional)

YOUR ELECTION(S)

Please circle your choice(s) for coverage. All premium rates are the monthly amount.

	Community Blue 3 PPO w/Rx (Pre-65)	Flexible Blue 3 HSA w/Rx (Pre-65)	BCBS VISION	DELTA DENTAL
Single	\$957.47	\$588.74	\$7.97	\$28.35
Dual	\$1,916.16	\$1,177.49	\$15.92	\$53.47
1 Comp (65+)	N/A	N/A	\$6.77	\$28.35
2 Comp (65+)	N/A	N/A	\$13.53	\$53.47
1Reg/1Comp*	N/A	N/A	\$14.74	\$53.47

*Regular coverage is for person(s) under age 65 and not disabled.
Complementary coverage is for person(s) 65 and older, with Medicare.

_____ I am waiving my right to insurance. I understand that once I have declined insurance coverage, I will not be eligible to re-enroll in the Calhoun County Retiree Insurance Program.

TOTAL PREMIUM(S)

Medical Premium	Vision Premium	Dental Premium	(Minus) Discount	=	Total Premium
\$	\$	\$	\$	=	\$

Former employees who retire after 01/01/2016, and are under 65 years of age, shall receive a discount equal to \$10 per month for each year of full credited service, but not more than the cost of coverage. Human Resources will verify discount rates and reserve the right to modify for accuracy.

SIGNATURE

I certify that the information provided herein is accurate.

Your signature

Date

Please return COMPLETED form along with any other necessary documents to HR by December 1, 2023, to ensure that your coverage is at the level you want for the year 2024. If you have any questions or need further assistance, please contact the Human Resource Department at (269) 781-0980.

HR USE ONLY

BCBS Med/Rx Dental Vision Eligibility List First Premium Paid EERP