

# Oklahoma Higher Education Employee Insurance Group Cameron University Retiree Election Form

Employee ID \_\_\_\_\_

Date of Retirement \_\_\_\_\_ Retired Under 65  Retired Over 65

\_\_\_\_\_  
Last Name First Name MI SS #

\_\_\_\_\_  
Address City State Zip

Birthdate \_\_\_\_\_  Male  Female  Married  Single \_\_\_\_\_  
Phone #

**Retired Under 65:**

**Select a BlueCross/BlueShield (BCBS) Medical Plan:** Dependents must be enrolled with same option employee selects

- BC/BSOK High Option (employee-paid)  BC/BSOK Basic Option (employee-paid)  
 Drop Coverage – I understand that I will lose my OTRS subsidy and will not be able to enroll at a later date.

**Retired Over 65:**

**Select a United Health Care (UHC) Medicare Supplement Plan:** Dependents must be enrolled with same option employee selects

Retiree Medicare ID# \_\_\_\_\_ Spouse Medicare ID# \_\_\_\_\_

- UHC w/Part D High Option (employee-paid)  UHC w/Part D Low Option (employee-paid)  
 UHC Without Part D (employee-paid)  
 No Coverage – I understand that I will lose my OTRS subsidy and will not be able to enroll at a later date.

**BC/BSOK Dental (employee-paid)**  Yes  No

**Vision Service Plan (employee-paid)**  Yes  No

**Dependents/Options: Additions or Deletions**

	Add	Drop	Name	Relationship	Birthdate	SSN	M/F
Health							
Dental							
Vision							
Health							
Dental							
Vision							
Health							
Dental							
Vision							

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date