



Cameron University Retiree Insurance Election Form

Date of Retirement _____ Retired Under 65 Retired Over 65

 Last Name First Name MI SS #

 Address (PO BOX is not allowed) City State Zip

Birthdate _____ Male Female Married Single _____
 Phone # _____

Retired Under 65:

Select a Cigna Medical Plan:

- Cigna PPO Option (retiree-paid)
- Drop Coverage – I understand that I will lose my OTRS subsidy and will not be able to enroll at a later date.

OR:

Retired Over 65/Medicare Eligible:

Dependents must be enrolled with same option employee selects

Retiree Medicare ID# _____ Spouse Medicare ID# _____

- UHC Medicare Advantage Prescription Drug PPO Plan (retiree-paid)
- No Coverage – I understand that I will lose my OTRS subsidy and will not be able to enroll at a later date.

BCBS Dental (retiree-paid) Basic Option Alternate Option No coverage

Met Life Vision Plan (retiree-paid) Standard Option Premium Option No coverage

Dependents/Options: Additions or Deletions

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

 Retiree Signature

 Date