

Cameron University Retiree Insurance Election Form

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 Blue Cross Blue Shield Medical Plan:

- BCBS 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:

Select a BC/BSOK Traditional Indemnity Plan: Dependents must be enrolled with same option employee selects

Retiree Medicare ID# _____ Spouse Medicare ID# _____

- BC/BSOK Traditional Indemnity (retiree-paid) BC/BSOK Traditional Indemnity with Medicare Part D (retiree-paid)
 No Coverage – I understand that I will lose my OTRS subsidy and will not be able to enroll at a later date.

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

Vision Service 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