



**Retiree Medical Enrollment Form  
10/1/2020 through 9/30/2021**

*Eligibility Requirements:*

*Age 55 with 20 years of service and 41,600 life-time hours, or any age with 30 years of service*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employment Termination Date: \_\_\_\_\_ Benefit Termination Date: \_\_\_\_\_

Circle the desired level of coverage:

**MONTHLY RATES**

	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child (ren)</b>	<b>Family</b>
<b>Comprehensive Rx E</b>	\$687.39	\$1,374.82	\$1,314.71	\$2,104.88
<b>Comprehensive Rx C</b>	\$658.79	\$1,317.63	\$1,260.37	\$2,019.08
<b>Comprehensive Rx B</b>	\$634.84	\$1,269.68	\$1,214.82	\$1,947.15
<b>Basic Rx E</b>	\$669.63	\$1,339.27	\$1,280.37	\$2,048.83
<b>Basic Rx C</b>	\$641.04	\$1,282.07	\$1,226.03	\$1,963.03
<b>Basic Rx B</b>	\$617.06	\$1,234.12	\$1,180.50	\$1,891.10
<b>Extended Rx E</b>	\$941.15	\$1,882.40	\$1,800.53	\$2,826.33
<b>Extended Rx C</b>	\$912.56	\$1,825.22	\$1,746.19	\$2,740.54
<b>Extended Rx B</b>	\$888.59	\$1,777.27	\$1,700.64	\$2,668.60

**Primary Care Physician (PCP) Required for Comprehensive Plan and Basic Plan**

PCP Name \_\_\_\_\_

(Add additional page w/PCP for dependents if necessary)

**Dependent Information – Add additional pages as necessary**

<b>Name of Dependent(s)</b>	<b>Sex</b>	<b>Relationship</b>	<b>DOB</b>	<b>SS#</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_