

RETIREE GROUP INSURANCE ELECTION FORM

Employee Name	Employee ID	Retirement Date (yyyy/mm/dd)
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Health Plan (Great West Life) Please check one of the following three options (Yes, Waive, or No)

If you are adding or deleting dependents, indicate information under Add/Delete/Change Dependent(s) below

Yes Please indicate if you are electing single or family coverage at retirement

family coverage under age 65 \$110.10 monthly (\$204.46 employer)
* over age 65 \$40.67 monthly (\$75.52 employer)
* Note: Member and all insured dependents must be over age 65 for this rate to apply

single coverage under age 65 \$44.24 monthly (\$82.17 employer)
over age 65 \$16.35 monthly (\$30.36 employer)

Waive ** (due to coverage elsewhere)

** Note: **If your coverage is not currently waived as an active employee**, you must also provide a letter from the insurer/administrator of the other plan confirming that you are covered as well as the name of the insurer, policy number, effective date of coverage and type of coverage.

No If Health Benefits are declined upon retirement, it is **NOT** possible to elect coverage at a later date.

Add/Delete/Change Dependent(s) *D-Delete, A-Add, C-Change **Child, Student (college/university), Disabled

Action*	Relationship	Last name, First Name and Initials	Sex (M/F)	Date of birth (y/m/d)	Dependent Status**
	Spouse				
	Child				
	Child				
	Child				

If the dependent child is between 21 and 26, you must provide proof that your child is attending an accredited educational institution on a full-time basis. Acceptable proof includes a completed registration form that has been stamped "paid" by the university or college or a letter from the institution indicating your dependent has full-time student status for the coming year. Photocopies of student cards are not acceptable.

Basic Life Insurance (Manulife) Please check one of the following options (Yes or No)

Yes Coverage amount: \$ _____ (ceases at age 65) Monthly cost: \$ _____

No If Life Insurance is declined upon retirement, it is NOT possible to elect coverage at a later date.

If you have elected Life Insurance please name a beneficiary(ies) below. The total percentage must add up to 100%. The form must be signed in the presence of a witness who is over the age of majority.

Beneficiary Designation for Basic Life Insurance

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies):

Name of Trustee(s) if Beneficiary(ies) under age 18: _____

New Beneficiary(ies)

Last Name, First Name and Initial	Percentage	Relationship

If you are not survived by a living designated beneficiary, your Life Insurance will be paid to your Estate.

The above noted premium costs are based on current rates and are subject to change. You will be notified by mail (or email if available) of any change and your debit withdrawals will automatically be adjusted to reflect the change.
Premiums for Medical and/or Life Insurance will be directly debited from your bank account on the first banking day of the month to pay for premiums for the prior month. Note: For any insufficient funds there is a \$25 NSF fee charged to your account. Also two consecutive NSF's will result in an immediate suspension of your benefits.

Signature of Employee (must be signed in the presence of a witness) _____
Date (yyyy/mm/dd)

Witness Signature

For office use only

Keyed by _____ Date (yyyy/mm/dd) _____