



CITY SCHOOL DISTRICT
Telephone No.: 262-8206

**HUMAN RESOURCES DEPARTMENT
EMPLOYEE BENEFITS**

131 West Broad Street
Rochester, New York 14614

RETIRES' HEALTH INSURANCE TRANSFER/ELECTION FORM

Date _____

NAME _____ BIRTH DATE _____

ADDRESS _____ Social Security No. _____

Telephone No. _____

(City/Town)

(State)

(Zip Code)

Email _____

Please Check: Miss Ms. Widowed Married Separated
 Mrs. Mr. Single Divorced No. of unmarried children under 26 _____

SPOUSE'S NAME _____ SPOUSE'S BIRTH DATE _____

Social Security No. _____

To ensure your future coverage, please fill in below the relative or other person - **LIVING AT ANOTHER ADDRESS** - whom we can contact should we be unable to reach you:

NAME _____ RELATIONSHIP _____

ADDRESS _____ Telephone No. () _____
(No. & Street) (City/Town) (State) (Zip Code)

- I am a RETIREE of the City School District -- The DISTRICT PAYS BC/BS PREMIUM COST for persons employed full-time for 10 consecutive years immediately prior to retirement. (Less than 10 years, or not full-time, retiree NOT ELIGIBLE)
- I am a SURVIVOR of a RETIREE (or Employee) -- I PAY the full premium cost.

I want to enroll in:	Plan Type			
	<input type="checkbox"/> Enhanced (under 65)	<input type="checkbox"/> Medicare Blue Choice (+ 65)	<input type="checkbox"/> Retiree+ Enhanced EPO (+ 65)	<input type="checkbox"/> Preferred Gold Standard
	<input type="checkbox"/> Preferred Gold Buy Up	<input type="checkbox"/> BlueCross/BlueShield (+ 65)	<input type="checkbox"/> Cancel All Coverage	
<input type="checkbox"/> Waive (eligible to enroll at future open enrollments)				

Are you or any of your dependents eligible for Medicare (through Social Security)? If yes, please enclose a copy of your Medicare card.

- If you are a disabled retiree, or disabled spouse of a retiree, who became Medicare-eligible before age 65, you must contact Employee Benefits at 262-8206 for further information regarding enrollment regulations.

You will be billed for the premium cost above District contributions on a monthly basis. If the monthly bill is not paid, the retiree will be cancelled for non-payment. Retirees may re-enroll during the next annual open enrollment period.

The District's annual open enrollment period for retirees will occur each November for a January 1 effective date.

PLEASE COMPLETE and RETURN TO EMPLOYEE BENEFITS	OFFICE USE ONLY
RETIREMENT TRANSFER/CHANGE DATE _____ January 1, 2021	BENEFIT PROGRAM _____
(Signature) _____	EMPLOYEE I.D. _____
(Date) _____	