2018-2019 MONTANA UNIVERSITY SYSTEM CHOICES RETIREE ENROLLMENT FORM

Retiree	Information	
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Name:							
Last		First	MI	Date of Birth	Social Security Number		
Mailing Address			City	State	Zip		
Is this a new address?			eny	State	Ъцр		
			Phone (Other):				
			Thome (Other).				
Email Address:				HICN #			
		Qualifyi	ng Event				
 Waiver of Coverage - I have been given Annual Enrollment Change of Status from active employee Change of status due to: (Check One) 	to retiree (See □ Death □	e back for el Marriage □	igibility requirem Spouse - Change	ents.)	□ Turning Age 65		
Date of Status Change:			nly) Effective Date				
Campus (circle): OCHE MSU MSU-B MSU-					C State Bar		
			vel and one Me				
		0					
Coverage Level (choose one)			(choose one)				
Retiree OnlyRetiree + One Dependent		Allegiance	Blue Shield	\Box Decline Cov	rage		
 Retiree + Two or more Dependents 		PacificSou					
*		1 actificitiou	ice				
 □ Retiree + Spouse(mp*) □ Retiree + Spouse(mp*) + Child(ren) * (mp) = Medicare Primary - Retirees (generally 65 and older) * Medicare = Participants <u>must</u> be enrolled in Parts A & B it is Required! 							
Enter your monthly Medical Plan cost here (s	ee Choices Ret	tiree Workb	ook).	Medical Premium:	\$		
	Optio	nal Select	Dental Coverage				
Coverage Level (choose one) - Enrollment is	s a one-time op	portunity, s	ee back-side for a	letails.			
Decline Coverage		_					
 Retiree Only - \$52/month Retiree + Child(ren) - \$94/month 		-	- \$94/month	Dental Premium:	\$		
			- \$156/month				
	-		ardware Covera	-			
Coverage Level (choose one) - Enrollment	is a one-time of	pportunity, s	see back-side for	details.			
Decline CoverageRetiree Only - \$9.71/month	Potiro	a Spousa	- \$18.34/month	Vision Premium:	\$		
$\Box \text{ Retiree + Child(ren) - $19.30/month}$		-	- \$28.31/month	vision rrennum;	φ		
	_ 100110	••••••	¢2010 1, 1101101				
				Total Monthly Premium	• \$		
		D 1	C	_ our incontany i romani			
		Dependent	Coverage		Koon Add Domore		
Spouse:					Keep Add Remove		
Spouse:							

Spouse.								_
-	Last	First	MI	Date of Birth	SSN #	HICN #		
Dependent:								_
-	Last	First	MI	Date of Birth	SSN #	HICN #		
Dependent:								_
-	Last	First	MI	Date of Birth	SSN #	HICN #		

Attach a list if you have additional covered dependents.

My signature indicates that I have read and understand the election form and materials describing options provided by Choices, including information contained in the notices and legal sections of the Choices Retiree Annual Benefit Enrollment Workbook. My election or waiver of coverage is binding and cannot be revoked or modified (other than as explained in the materials). I authorize the insurance company to obtain, examine, or release information needed to coordinate benefits or process claims for myself or my family. I declare that the information furnished on this form is true, correct, and complete to the best of my knowledge. This form supersedes all previous forms I have submitted.

Retiree Signature:	Date:	
Spouse Signature:	Date:	
Dependent Signature:	Date:	
Dependent Signature:	Date:	

MAILING ADDRESSES AND ADDITIONAL INFORMATION ARE ON THE BACK SIDE OF THIS FORM.

2018-2019 MONTANA UNIVERSITY SYSTEM CHOICES RETIREE ENROLLMENT FORM

Eligibility: A person retiring from any unit of the Montana University System (MUS), including the Office of the Commissioner of Higher Education or other agency or organization affiliated with MUS or the Board of Regents of Higher Education, may continue certain group insurance benefits as described below. To be eligible as a Retiree, the individual must be eligible to receive a retirement benefit from the MT Teachers Retirement System or the MT Public Employees Retirement System at the time he/she leaves employment with the MUS. Retirees who are in the MUS Retirement Plan (TIAA) or any other defined contribution plan must have worked five or more years and be age 50 or must have worked 25 years with the MUS to be eligible for Retiree insurance benefits. It does not matter whether the Retiree decides to actually draw a monthly benefit; elects the defined benefit lump sum distribution; or postpones withdrawal of retirement benefits.

Continuation of Coverage: An eligible Retiree must make arrangements with his/her campus Human Resources/Benefits office to continue coverage as a Retiree on a self-pay basis within 63 days of retirement. There is no Employer contribution toward Retiree benefits. The right to continue coverage under the Plan is a one-time opportunity. Retirees who fail to continue coverage within 63 days of retiring or who allow coverage to lapse due to nonpayment of premium may not later rejoin the plan, with one EXCEPTION: A Retiree with the right to continue coverage under the MUS Plan, who chooses to continue coverage under spousal coverage in either the MUS Plan or the State of Montana Employee Benefit Health Plan, may be reinstated to the MUS Plan with Retiree coverage upon the retirement, death, divorce, or any other event which causes ineligibility for spousal coverage. This exception applies only to a Retiree who has maintained continuous coverage with either the MUS Plan or the State of Montana Employee Benefit Plan.

Dependent Coverage Options: Continuing existing Medical, Dental, and/or Vision coverage for dependents is optional, but Retirees must elect to continue existing Medical, Dental, and/or Vision coverage for dependent(s) within the 63-day enrollment period after active employee coverage ends. New dependents can be added to existing Medical, Dental, and/or Vision plans if the request is made within 63 days of a qualifying event (marriage, birth, adoption, legal guardianship, qualifying dependent). Existing dependents can only be added to Medical, Dental, and/or Vision if they are losing eligibility for other group coverage or if there is a substantial decrease in the level of existing coverage, as determined on an individual basis by the campus HR/Benefits office and if the request is made within 63 days of the termination/change of the other coverage.

Available Coverages

Medical Coverage: Enrollment in a Medical Plan is available to Retirees (and their dependents, if desired). Coverage is permanently forfeited if the Retiree cancels medical coverage, or fails to pay premiums.

Dental Coverage: Select Dental Plan (only) is available to Retirees (and their dependents, if desired). Retiree MUST have enrolled within 63 days of the end of their active employee coverage, or within 63 days of a qualifying event (a spouse reaching age 65 is not a qualifying event for reenrollment in dental). Coverage is permanently forfeited if the Retiree cancels dental coverage, or fails to pay premiums.

Vision Hardware Coverage: The Vision Plan is for vision hardware only. Eye exams, whether preventive or medical, are covered under the medical benefit plan. More information can be found within the CHOICES workbooks. Retiree MUST have enrolled within 63 days of the end of their active employee coverage, or within 63 days of a qualifying event (a spouse reaching age 65 is not a qualifying event for reenrollment in vision). Coverage is permanently forfeited if the Retiree cancels vision coverage, or fails to pay premiums.

Life Insurance: Continuation of MUS-sponsored Life Insurance is not available for Retirees. However, you may have the option of converting to an individual term life policy under the terms of our Standard Insurance Company contract. Please see your campus HR/Benefits office for conversion information at the time of your retirement.

Long Term Care Insurance: If you have Long Term Care Insurance through UNUM, contact your campus HR/Benefits office for conversion information within 30 days of retirement. Current Retirees can add Long Term Care Insurance with medical underwriting at any time. Medical underwriting means that UNUM can reject an application or increase rates due to issues such as preexisting medical conditions.

Please Send Your Form to the Appropriate Address Below				
MSU-Bozeman Human Resources, TBD, call for address	406-994-3651			
MSU-Billings Human Resources, 1500 University Dr., Billings, MT 59101	406-657-2278			
MSU-Northern Human Resources, 300 West 11th Street, Havre, MT 59501-7751	406-265-4147			
Great Falls College-MSU Human Resources, 2100 16th Ave. S., Great Falls, MT 59405	406-268-3701			
UM-Missoula Human Resources, 32 Campus Dr., LO 252, Missoula, MT 59812	406-243-6766			
Helena College-UM Human Resources, 1115 N. Roberts, Helena, MT 59601	406-447-6925			
UM-Western Human Resources, 710 S. Atlantic St., Dillon, MT 59725	406-683-7010			
MT Tech (UM) Human Resources, 1300 W. Park St., Butte, MT 59701	406-496-4380			
OCHE, MUS Benefits Office, P.O. Box 203203, Helena, MT 59620-3203	877-501-1722			
Dawson Community College Human Resources, 300 College Dr., Glendive, MT 59330	406-377-9401			
Flathead Valley Comm. College Human Resources, 777 Grandview Dr., Kalispell, MT 59901	406-756-3804			
Miles Community College Human Resources, 2715 Dickinson St., Miles City, MT 59301	406-874-6292			
State Bar of MT, PO Box 577, Helena, MT 59624-0577	406-442-7660			

Call your campus HR office or 1-877-501-1722 if you have questions about your annual benefits enrollment form.