MONTANA UNIVERSITY SYSTEM - RETIREE

Retiree/Surviving Spouse Information

Name (Last, First, MI): ______________________ Birth Date: __________ Social Security Number: __________

Mailing Address: ______________________ City, State, Zip: ______________________

This is a new address: YES ❒ NO ❒

Phone (Home):

(Work):

❒ **Annual Change** (If nothing has change this form does not need to be turned in).

❒ WAIVER OF COVERAGE - I have been given the opportunity to enroll in the MUS Benefits Plan and decline participations at this time.

❒ **This is a change of status from active employee to retiree** * See back for eligibility requirements

❒ **This change of status is due to:** (Check One)

- ❒ Death
- ❒ Spouse Change in Employment
- ❒ Other (Please Explain Below)
- ❒ Marriage
- ❒ Divorce

____

Date of Status Change: ______________ **(Campus Use Only) Effective Date of Change:** ______________

Campus (Circle): CHE MSU MSU-B MSU-N MSU- GF UM UM-Tech UM-W FVCC Miles CC Dawson CC State Bar

I understand that the change in my benefit election must be necessitated by and consistent with the change in family status and that the change must be acceptable under the Regulations issued by the Department of Treasury.
I request the following changes:

Dependent Coverage Change(s):

Name *(Last, First, MI):*	Birth Date *(Mo./Day/Yr.)*	Social Security #	
Spouse/ Adult Dependent			❒ Add ❒ Remove
Dependent			❒ Add ❒ Remove
Dependent			❒ Add ❒ Remove

Indicate ALL Dependent(s) Covered AFTER Change(s) Are Made:

❒ No Dependent Coverage ❒ Spouse ❒ Child(ren) ❒ Spouse and Child(ren)

Choose a Medical Plan and indicate whether or not you want to elect vision coverage:
***See Choices Retiree Booklet for* premium rates *and areas Managed Care plans are available*.**

Medical

Choose one plan and one coverage level:

- ❒ Retiree Only
- ❒ Retiree + One
- ❒ Retiree + Two
- ❒ Retiree + Spouse (mp)
- ❒ Retiree + Spouse (mp) + Child(ren)
- ❒ Survivor
- ❒ Survivor + Child(ren)

❒ ***Under Age 65***

- ❒ $575 Deductible Plan
- ❒ $1500 Deductible Plan

Managed Care Options

- ❒ Blue Choice Managed Care www.bcbsmt.com
- ❒ New West Managed Care www.newwesthealth.com
- ❒ PEAK Managed Care www.healthinfonetmt.com
- ❒ CHO Managed Care www.abpmtpa.com

❒ ***Over Age 65***

- ❒ $400Deductible Plan
- ❒ $1500 Deductible Plan

Managed Care Options

- ❒ Blue Choice Managed Care www.bcbsmt.com
- ❒ New West Managed Care www.newwesthealth.com
- ❒ PEAK Managed Care www.healthinfonetmt.com
- ❒ CHO Managed Care www.abpmtpa.com

Enter your cost here .... $

❒ **Optional Vision —** Covers All Family Members. Enter $3.43 for Optional Vision .... $

Information About Other Group Coverage

Are you, your spouse or any dependents continuing coverage by another plan? *(Please include anyone eligible for Medicare/Medicaid.)*

❒ Yes ❒ No If yes, complete below:

Name *(Last, First, MI)*	Medicare Part A	Medicare Part B	Other Employer	Name and Number of Plan
Retiree	❒	❒		
Spouse/Adult Dep.	❒	❒		
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 section of the Choices Retiree 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 supercedes all previous forms I have submitted.

Retiree Signature: ______________________ Date: ______________

Surviving Spouse's Signature: ______________________ Date: ______________

MONTANA UNIVERSITY SYSTEM - RETIREE

ELIGIBILITY: A person retiring from a unit of the University System including the Office of the Commissioner of Higher Education, or other agency or organization affiliated with the University System or 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 State Retirement Benefit from the Teachers Retirement System or the Public Employee Retirement System at the time he or she leaves employment with the University System. Retirees who are in the Optional Retirement Plan (TIAACREF) or any other defined contribution plan must have worked five or more years and be age 50 or have worked 25 years with the University System to be eligible for Retiree insurance benefits. It does not matter whether you decide to actually draw a monthly benefit, elect the defined benefit lump sum distribution, or postpone withdrawal of your benefit.

CONTINUATION OF COVERAGE: An eligible Retiree must make arrangements with his or her 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 onetime opportunity. RETIREES WHO FAIL TO CONTINUE COVERAGE WITHIN 63 DAYS OR WHO ALLOW COVERAGE TO LAPSE DUE TO NONPAYMENT OF PREMIUM MAY NOT LATER REJOIN THE PLAN — with one exception:

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 under either the MUS Plan or the State of Montana Employee Benefit Health Plan.

OTHER COVERAGE

Dental coverage is not available except as described Other Coverage Options under COBRA when you retire.

Continuation of the **Life Insurance** is not available as group insurance. You do have the option to convert to a whole life policy at higher premiums. Please see your campus Benefits/HR representative for conversion information.

Long Term Care Insurance: If you have Long term Care Insurance through UNUM , contact your campus HR/Benefits office for conversion information upon retirement. Current retirees can add Long Term Care Insurance with medical underwriting at any time. Medical underwriting means that UNUM can reject an application due to your medical condition.

Long Term Disability Coverage: You will lose long term disability coverage on the date you retire.

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