

**2018-2019 MONTANA UNIVERSITY SYSTEM CHOICES RETIREE ENROLLMENT FORM**

**Retiree Information**

Name: \_\_\_\_\_

Last                      First                      MI                      Date of Birth                      Social Security Number

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Mailing Address                      City                      State                      Zip

Is this a new address?     Yes     No

Phone (Home): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Email Address: \_\_\_\_\_ HICN # \_\_\_\_\_

**Qualifying Event**

**Waiver of Coverage** - I have been given the opportunity to enroll in the MUS Benefits Plan and decline all participation.

**Annual Enrollment**

**Change of Status from active employee to retiree** (See back for eligibility requirements.)

**Change of status due to:** (Check One)     Death     Marriage     Spouse - Change in Employment     Divorce     Turning Age 65  
 Other (Please Explain) \_\_\_\_\_

Date of Status Change: \_\_\_\_\_ (Campus Use Only) Effective Date of Change: \_\_\_\_\_

**Campus (circle):** OCHE MSU MSU-B MSU-N GFC-MSU UM MT Tech UM-W HELENA C-UM FVCC MCC DCC State Bar

**Choose one Coverage Level and one Medical Plan**

<b>Coverage Level (choose one)</b>	<b>Medical Plan (choose one)</b>	
<input type="checkbox"/> Retiree Only	<input type="checkbox"/> Allegiance	<input type="checkbox"/> Decline Coverage
<input type="checkbox"/> Retiree + One Dependent	<input type="checkbox"/> Blue Cross Blue Shield	
<input type="checkbox"/> Retiree + Two or more Dependents	<input type="checkbox"/> PacificSource	
<input type="checkbox"/> Retiree + Spouse(mp*)		
<input type="checkbox"/> 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 (see Choices Retiree Workbook).                      **Medical Premium:**    \$ \_\_\_\_\_

**Optional Select Dental Coverage**

**Coverage Level (choose one)** - Enrollment is a one-time opportunity, see back-side for details.

Decline Coverage

<input type="checkbox"/> Retiree Only - \$52/month	<input type="checkbox"/> Retiree + Spouse - \$94/month	<b>Dental Premium:</b> \$ _____
<input type="checkbox"/> Retiree + Child(ren) - \$94/month	<input type="checkbox"/> Retiree + Family - \$156/month	

**Optional Vision Hardware Coverage**

**Coverage Level (choose one)** - Enrollment is a one-time opportunity, see back-side for details.

Decline Coverage

<input type="checkbox"/> Retiree Only - \$9.71/month	<input type="checkbox"/> Retiree + Spouse - \$18.34/month	<b>Vision Premium:</b> \$ _____
<input type="checkbox"/> Retiree + Child(ren) - \$19.30/month	<input type="checkbox"/> Retiree + Family - \$28.31/month	

**Total Monthly Premium:**    \$ \_\_\_\_\_

**Dependent Coverage**

<b>Spouse:</b>						<b>Keep Add Remove</b>
	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Last	First	MI	Date of Birth	SSN #	HICN #
<b>Dependent:</b>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	_____	_____	_____	_____	_____	
	Last	First	MI	Date of Birth	SSN #	HICN #
<b>Dependent:</b>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	_____	_____	_____	_____	_____	
	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.\*