2011-2012 MONTANA UNIVERSITY SYSTEM RETIREE ENROLLMENT FORM

Check reason you are completing form:
- [ ] New Enrollment (change in status from active to retiree)
- [ ] Annual Enrollment
- [ ] Mid-Year Change

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): Phone (Work):

MID YEAR CHANGE INFO
Change of status due to: (Check One) [ ] Death [ ] Marriage [ ] Divorce [ ] Spouse Change in Employment
Other (Please Explain):
Date of Status Change: (Campus Use Only) Effective Date of Change:
Campus (circle): [ ] OCHE [ ] MSU [ ] MSU-B [ ] MSU-GF [ ] UM [ ] MT Tech [ ] UM-W [ ] UM-Hlna [ ] FVCC [ ] MCC [ ] DCC [ ] State Bar

Name (Last, First, MI)
Keep Add Delete
Spouse/ Adult Dependent
Dependent
Dependent

If you run out of spaces for additional family members, please attach a list to this form.

Information About Other Group Coverage
Are you, your spouse or any dependents continuing coverage by another plan? [ ] YES [ ] NO
If yes complete below: Please include anyone eligible for MEDICARE or Medicaid.
Name (Last, First, MI): Part A Part B Other Employer Name and Number of Plan
Retiree
Spouse/ Adult Dependent
Dependents

ENROLLMENT INFORMATION
Waiver of Coverage - I have been given the opportunity to enroll in the MUS Benefits Plan and decline all participation at this time.

Choose a MEDICAL PLAN.
See Choices Workbook for premium rates and areas where Managed Care plans are available.
Choose one plan and one coverage level. *(mp) = "BOTH Medicare Parts A & B Are Required! MC = Managed Care
Please mark your retiree status:
[ ] Retiree NOT on Medicare [ ] Retiree Enrolled in Medicare*

Retiree Only
Retiree + 1
Retiree + 2
Retiree + Spouse*(mp)
Retiree + Spouse*(mp) + Child(ren)
Survivor
Survivor + Child(ren)

Choose Optional DELTA Premium Dental Coverage if desired or eligible.

Choose Optional EYEMED Vision Care Coverage if desired.

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 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’s Signature: Date:
Surviving Spouse’s Signature if Retiree is Deceased: Date:

MAILING ADDRESSES AND ADDITIONAL INFORMATION ARE ON THE BACK SIDE OF THIS FORM.
MONTANA UNIVERSITY SYSTEM RETIREE ENROLLMENT INFORMATION

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 s/he leaves employment with the MUS. Retirees who are in the Optional Retirement Plan (TIAA-CREF) 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 distri-bution; 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 and/or Dental coverage for dependents is optional, but Retirees must elect to continue existing Medical and/or Dental coverage for dependent(s) within the 63-day enrollment period after active employee coverage ends. New dependents can be added to existing Medical and/or Dental 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 and/or Dental 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 mandatory to be eligible for any other coverage.

Dental Coverage: Delta Premium Dental Plan (only) became available to Retirees beginning July 1, 2007. Retirees (and their dependents, if desired) MUST have enrolled during FY2008 Annual Enrollment; or within 63 days of a qualifying event; or within 63 days of the end of their active employee coverage, whichever comes last. Enrollment in the dental plan is a one-time opportunity for Retirees (and their dependents). However, a Retiree enrolling in the MAPP plan may suspend his dental coverage (one time) and return to Delta in a later plan year (one time). Coverage is permanently forfeited if the Retiree fails to enroll in a timely manner, cancels dental coverage, or fails to pay premiums.

Vision Care Coverage: MUS contracted with EyeMed, a national vision health care coordinator, to facilitate its vision care plan beginning July 1, 2007. More information can be found within the CHOICES workbooks. At this time, Retirees may add or delete vision coverage during each annual enrollment period.

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 representative 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.

Long Term Disability Coverage: This coverage is not available to MUS Retirees.

PLEASE SEND YOUR FORM TO THE APPROPRIATE ADDRESS BELOW.

MSU-Bozeman Human Resources, PO Box 172520, Bozeman, MT 59717-2520 406-994-3651
MSU-Billings Human Resources, 1500 University Dr., Billings, MT 59101 406-657-2278
MSU-Northern Human Resources, PO Box 7751, Havre, MT 59501-7751 406-265-4147
MSU-Great Falls Human Resources, 2100 16th Ave. S., Great Falls, MT 59405 406-771-4308
UM-Missoula Human Resources, LO 252, 32 Campus Dr., Missoula, MT 59812 406-243-6766
UM-Helena Human Resources, 1115 N. Roberts, Helena, MT 59601 406-444-0845
UM-Western Human Resources, 710 S. Atlantic St., Dillon, MT 59725 406-638-7010
MT Tech (UM) Human Resources, 1300 W. Park St., Butte, MT 59701 406-496-4380
OCHE/GSL, MUS Benefits Office, PO Box 203203, Helena, MT 59620-3203 406-444-2574
Dawson Community College Human Resources, 300 College Dr., Glendive, MT 59330 406-377-9403
Ft. Head Slough 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, attn: Mary Ann Murray, PO Box 577, Helena, MT 59624-0577 406-442-7660

*Call your campus HR office or 406-444-2574 if you have questions about your annual enrollment form.*