2012-2013 MONTANA UNIVERSITY SYSTEM RETIREE ENROLLMENT FORM

Retiree/Surviving Spouse Information

Name: _____ _____ _____ _____ _____
Last First MI Birth of Date Social Security Number

_____ _____ _____ _____
Mailing Address City State Zip

Is this a new address? ☐ Yes ☐ No

Phone (Home): _____ Phone (Work): _____

Qualifying Event

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

☐ **Annual Enrollment**

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

☐ **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-N MSUGF UM MT Tech UM-W UM-Hlna FVCC MCC DCC State Bar

Choose one Coverage Level and one Medical Plan

Coverage Level *(choose one)*	**Medical Plan *(choose one)***	
	Retiree	**Retiree + Medicare****
☐ Retiree Only	☐ Allegiance Traditional Plan	☐ Allegiance Traditional Plan
☐ Retiree + One Dependent	☐ Allegiance Managed Care	☐ Allegiance Managed Care
☐ Retiree + Two or more Dependents	☐ Blue Choice Managed Care	☐ Blue Choice Managed Care
☐ Retiree + Spouse(mp*)	☐ PacificSource Managed Care	☐ PacificSource Managed Care
☐ Retiree + Spouse(mp*) + Child(ren)		☐ MAP***
☐ Survivor		
☐ Survivor + Child(ren)		

* (mp) = Medicare Primary

** Medicare = Parts A & B Are Required! Medicare participants must be enrolled in Parts A & B

*** MAP = Medicare Advantage Plan Additional forms (included in your retiree enrollment packet) are required.

Enter your monthly Medical Plan cost here (see Choices Retiree Workbook page 6). **Medical Premium:** $ _____

Optional DELTA Dental Premium Coverage - Enrollment is a one-time opportunity, see back-side for details.

☐ Decline Coverage **Dental Premium:** $ _____

☐ Retiree Only - $59/month ☐ Retiree + Spouse/Adult Dep - $106/month

☐ Retiree + Child(ren) - $106/month ☐ Retiree + Family - $177/month

Optional EYEMED Vision Care Coverage

☐ Decline Coverage **Vision Premium:** $ _____

☐ Retiree Only - $6.76/month ☐ Retiree + Spouse/Adult Dep - $12.76/month

☐ Retiree + Child(ren) - $13.43/month ☐ Retiree + Family - $19.70/month

Total Monthly Premium: $ _____

Dependent Coverage

Spouse/Adult Dep.: _____ ☐ Keep ☐ Add ☐ Remove
Last First MI Date of Birth Social Security #

Dependent: _____ ☐ Keep ☐ Add ☐ Remove
Last First MI Date of Birth Social Security #

Dependent: _____ ☐ Keep ☐ Add ☐ Remove
Last First MI Date of Birth Social Security #

Attach a list if you have additional covered dependents.

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 & Number of Plan
Retiree/Survivor:	☐	☐		
Spouse/Adult Dep.:	☐	☐		
Dependent:	☐	☐		
Dependent:	☐	☐		

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/Survivor Signature: _____ Date: _____

Spouse/Adult Dep Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

Dependent Signature: _____ 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 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 cover-age 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.

Please Send Your Form to the Appropriate Address Below

MSU-Bozeman Human Resources, PO Box 172520, Bozeman, MT 59717-2520	406-994-3652
MSU-Billings Human Resources, 1500 University Dr., Billings, MT 59101	406-657-2118
MSU-Northern Human Resources, PO Box 7751, Havre, MT 59501-7751	406-265-3710
MSU-Great Falls Human Resources, 2100 16th Ave. S., Great Falls, MT 59405	406-268-3701
UM-Missoula Human Resources, LO 252, 32 Campus Dr., Missoula, MT 59812	406-243-4238
UM-Helena Human Resources, 1115 N. Roberts, Helena, MT 59601	406-444-0634
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
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, 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 benefits enrollment form.