2017-2018 MONTANA UNIVERSITY SYSTEM RETIREE ENROLLMENT FORM

Retiree/Surviving Spouse Information

Name: _____ _____ _____ _____ _____

Last | First | MI | Date of Birth | Social Security Number

_____ _____ _____ _____

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 HlnaC-UM FVCC MCC DCC State Bar

Choose one Coverage Level and one Medical Plan

	Medical Plan *(choose one)*	
Coverage Level *(choose one)*	**Non- Medicare Retirees (generally under age 65)**	**Medicare Enrolled *Retirees (generally 65 and older)**
☐ Retiree Only	☐ Allegiance	☐ Allegiance
☐ Retiree + One Dependent	☐ Blue Cross Blue Shield	☐ Blue Cross Blue Shield
☐ Retiree + Two or more Dependents	☐ PacificSource	☐ PacificSource
☐ Retiree + Spouse(mp*)		
☐ Retiree + Spouse(mp*) + Child(ren)	* (mp) = Medicare Primary	
☐ Survivor	** Medicare = Parts A & B Are Required!	
☐ Survivor + Child(ren)	Medicare participants must be enrolled in Parts A & B	

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

Optional Benefits

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

☐ Decline Coverage
☐ Retiree Only - $52/month ☐ Retiree + Spouse - $94/month **Dental Premium:** $ _____
☐ Retiree + Child(ren) - $94/month ☐ Retiree + Family - $156/month

Optional Vision Hardware Coverage

☐ Decline Coverage
☐ Retiree Only - $8.05/month ☐ Retiree + Spouse - $15.19/month **Vision Premium:** $ _____
☐ Retiree + Child(ren) - $15.99/month ☐ Retiree + Family - $23.45/month

Total Monthly Premium: $ _____

Dependent Coverage

						Keep	**Add**	**Remove**
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/Survivor Signature: _____ Date: _____
Spouse Signature: _____ Date: _____
Dependent Signature: _____ Date: _____
Dependent Signature: _____ Date: _____

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

2017-2018 MONTANA UNIVERSITY SYSTEM 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 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 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.

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 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 Care Coverage: The vision benefit 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. 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 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, 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	406-268-3701
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.