

# MONTANA UNIVERSITY SYSTEM – RETIREE ENROLLMENT FORM

## 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): \_\_\_\_\_

- Annual Enrollment**
- Waiver of Coverage** - I have been given the opportunity to enroll in the MUS Benefits Plan and decline all participations at this time.
- 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):** CHE MSU MSU-B MSU-N MSU-GF UM UM-Tech UM-W UM-HCT FVCC MCC DCC 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. See Choices Retiree Workbook for premium rates and areas where Managed Care plans are available.**

Choose one plan and one coverage level

- Retiree Only
- Retiree + One Dependent
- Retiree + Two or more Dependents
- Retiree + Spouse (mp)
- Retiree + Spouse (mp) + Child(ren)
- Survivor
- Survivor + Child(ren)

**Retiree Under Age 65**

- Plan A \$600 Deductible
- Plan B \$1500 Deductible
- Managed Care Options**
- Allegiance Managed Care [www.abpmtpa.com](http://www.abpmtpa.com)
- Blue Choice Managed Care [www.bcbsmt.com](http://www.bcbsmt.com)
- New West Managed Care [www.newwesthealth.com](http://www.newwesthealth.com)
- PEAK Managed Care [www.healthinfontetmt.com](http://www.healthinfontetmt.com)

**Retiree Over Age 65\***

- \*Medicare Part A & Part B Required
- Plan A \$400 Deductible
- Plan B \$1500 Deductible
- Managed Care Options**
- Allegiance Managed Care [www.abpmtpa.com](http://www.abpmtpa.com)
- Blue Choice Managed Care [www.bcbsmt.com](http://www.bcbsmt.com)
- New West Managed Care [www.newwesthealth.com](http://www.newwesthealth.com)
- PEAK Managed Care [www.healthinfontetmt.com](http://www.healthinfontetmt.com)

**NOTE:** Retirees under Age 65 interested in the **TRICARE SUPPLEMENT PLAN** should call 406-444-0614 for directions.

Enter your monthly cost here from the 2007-2008 workbook **Medical Premium: \$** \_\_\_\_\_

### Choose Optional DELTA Premium Dental Coverage if desired.

- Retiree Only -- \$42 per month  Retiree + Spouse -- \$75 per month
- Retiree + Children -- \$75 per month  Retiree + Family -- \$126 per month **Dental Premium: \$** \_\_\_\_\_

### Choose Optional EYEMED Vision Care Coverage if desired.

- Retiree Only -- \$7.64/month  Retiree + Spouse -- \$14.42/month
- Retiree + Children -- \$15.18/month  Retiree + Family -- \$22.26/month **Vision Premium: \$** \_\_\_\_\_

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

### 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/Medicaid.

Name (Last, First, MI)	Medicare Part A	Medicare Part B	Other Employer	Name and Number of Plan
Retiree	<input type="checkbox"/>	<input type="checkbox"/>		
Spouse/Adult Dep.	<input type="checkbox"/>	<input type="checkbox"/>		
Dependents	<input type="checkbox"/>	<input type="checkbox"/>		

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Surviving Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 the 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 Employee Retirement System at the time he/she 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 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. **RETIREEES 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:

**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.

**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 employee coverage ends. New dependents can be added to Medical and/or Dental if the request is made within 63 days of a qualifying event (marriage, birth, adoption/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 the request is made within 63 days of the termination of the other coverage.

### OTHER COVERAGE

**Dental coverage:** Delta Premium Dental Plan (only) is available for Retirees beginning July 1, 2007. Retirees (and their dependents, if desired) **MUST** enroll during FY2008 Annual Enrollment; within 63 days of the end of their COBRA dental coverage if currently enrolled; or within 63 days of the end of their employee coverage, whichever comes last. Enrollment in the dental plan is a one-time opportunity for Retirees (and their dependents). Coverage is permanently forfeited if the Retiree fails to enroll in a timely manner or fails to pay premiums.

**Vision Care Coverage:** MUS has contracted with EyeMed, a national vision health care coordinator, to facilitate its vision care plan beginning July 1, 2007. More information and rates can be found within CHOICES. This is a new provider from previous years. **NOTE: Retirees must actively choose coverage through EyeMed, even if currently enrolled in the existing vision care plan.**

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 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 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 or increase rates due to preexisting medical conditions.

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