# RETIREMENT INSURANCE CONTINATION ELECTION

(all sections must be completed)

## Retirement Insurance Account Irrevocable Election:

☐ Escrow Account
☐ Health Reimbursement Arrangement

| Account Balance |
| --- |
| $ |

## Health Insurance Election

☐ Discontinue
☐ Continue    (Health Form Required)

Under 65
☐ Dean        ☐ HMO        ☐ Single
☐ GHC        ☐ POS
              ☐ PPO        ☐ Family

Over 65
☐ GHC                      ☐ Self
☐ WPS                      ☐ Spouse

**Monthly Premiums (Under 65)**

| | Dean | | |
| --- | --- | --- | --- |
| | HMO | POS | PPO |
| Single | $717.02 | $800.02 | $1,087.09 |
| Family | $1,885.76 | $2,104.05 | $2,859.05 |

| | GHC | | |
| --- | --- | --- | --- |
| Single | $609.68 | $883.83 | $980.24 |
| Family | $1,627.84 | $2,359.84 | $2,617.27 |

**Monthly Premiums (Over 65)**
Refer to Provider Guide Book for rates and options

## Dental Insurance Election

☐ Discontinue                        ☐ Single
☐ Continue (Dental Form Required)
                                     ☐ Family

**Monthly Premiums (No Age Limit)**

| | Delta Dental |
| --- | --- |
| Single | $43.75 |
| Family | $111.68 |

## Basic + Retirement Life Election

☐ Discontinue
☐ Continue (Beneficiary Form Required)

*Coverage Reduction Factor*
Under 65:          $
65 – 67:           $
68 – 71:           $
72+:               $

**Annual Premium Calculation**
Per Pay: $
(Annual premium is calculated by taking per pay and multiplying it by your pay frequency

## Supplemental Life (Self & Dependents) (to age 65)

Self                          Dependent(s)
☐ Discontinue                 ☐ Discontinue
☐ Continue                    ☐ Continue

**Annual Premium Calculation**
Self Per Pay: $
Dependent Per Pay:
(Annual premium is calculated by taking per pay and multiplying it by your pay frequency

## Long Term Care (Self & Spouse)

Self                          Spouse
☐ Discontinue                 ☐ Discontinue
☐ Continue                    ☐ Continue

**Annual Premium Calculation**
Self Per Pay:
Spouse Per Pay:
(Annual premium is calculated by taking per pay and multiplying it by your pay frequency

I hereby elect the above benefits immediately following my retirement from the Madison Metropolitan School District.

Signature_____ Date_____ B#_____