Cameron University Retiree Insurance Election Form

Date of Retirement_____ Retired Under 65☐ Retired Over 65☐

Last Name _____ First Name _____ MI _____ SS # _____

Address (PO BOX is not allowed) _____ City _____ State _____ Zip _____

Birthdate_____ ☐Male ☐Female ☐Married ☐Single Phone # _____

Retiree Under 65:
Select a Cigna Medical Plan:

☐Cigna PPO Option (retiree-paid)
☐Drop Coverage – I understand that I will lose my OTRS subsidy and will not be able to enroll at a later date.

OR:

Retiree Over 65/Medicare Eligible:
Dependents must be enrolled with same option employee selects

Retiree Medicare ID# _____ Spouse Medicare ID#_____

☐Humana Medicare Advantage Prescription Drug PPO Plan (retiree-paid)
☐No Coverage – I understand that I will lose my OTRS subsidy and will not be able to enroll at a later date.

BCBS Dental (retiree-paid) ☐Basic Option ☐Alternate Option ☐No coverage

VSP Vision Plan (retiree-paid) ☐Standard Option ☐Premium Option ☐No coverage

Dependents/Options: Additions or Deletions

	Add	Drop	Name	Relationship	Birthdate	SSN	M/F
Health							
Dental							
Vision							
Health							
Dental							
Vision							
Health							
Dental							
Vision							

_____ _____
Retiree Signature Date