

2023-2024 MONTANA UNIVERSITY SYSTEM CHOICES RETIREE ENROLLMENT FORM

Retiree 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: _____

MBI # (Medicare ID #): _____

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 HELENA C-UM FVCC MCC DCC

Medical Coverage

Coverage Level (choose one)

- Retiree Only
 - Retiree + One Non-Medicare Dependent
 - Retiree + Two or more Non-Medicare Dependents
 - Retiree + Medicare Dependent (mp*)
 - Retiree + Medicare Spouse (mp*) + Child(ren)
 - Decline Coverage
- * **Enrollment is a one-time opportunity**, see back of form for details
 * (mp) = Medicare Primary - Retirees (over age 65)
 * Medicare = Participants are required to be enrolled in Medicare Parts A & B!

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

Select Dental Coverage

Coverage Level (choose one) * **Enrollment is a one-time opportunity**, see back of form for details

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

Vision Hardware Coverage

Coverage Level (choose one) * **Enrollment is a one-time opportunity**, see back of form for details

- Decline Coverage
 - Retiree Only - \$10.70/month
 - Retiree + Spouse - \$20.20/month
 - Retiree + Child(ren) - \$21.26/month
 - Retiree + Family - \$31.18/month
- Vision Hardware Premium:** \$ _____

Total Monthly Premium: \$ _____

Dependent Coverage

							Keep	Add	Remove
Spouse:	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Last	First	MI	Date of Birth	SSN #	MBI #			
Dependent:	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Last	First	MI	Date of Birth	SSN #	MBI #			
Dependent:	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Last	First	MI	Date of Birth	SSN #	MBI #			

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 MUS *Choices*, including information contained in the MUS *Choices* Benefits Enrollment Workbook. My election or waiver of coverage is binding and cannot be revoked or modified. I authorize the MUS Plan to obtain, examine, or release information as 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: _____

Spouse Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

**SEE CHOICES ENROLLMENT WORKBOOK FOR RATES AND CAMPUS CONTACTS.
SEE BACK OF FORM FOR ADDITIONAL BENEFITS INFORMATION.**

2023-2024 MONTANA UNIVERSITY SYSTEM CHOICES RETIREE ENROLLMENT FORM

Eligibility: A person retiring from any unit of the Montana University System (MUS) may continue certain group insurance benefits as described below. To be eligible as a Retiree, the individual must be eligible to receive retirement benefits from the MT Teachers' Retirement System (TRS) or the MT Public Employees Retirement System (PERS) at the time they leave employment with the MUS. Retirees who are in the MUS Retirement Plan (TIAA) 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 their 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. 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. *The right to continue coverage under the Plan as a Retiree is a one-time opportunity.***

Dependent Coverage Options: Continuation of coverage for dependents enrolled in the Medical, Dental, and/or Vision Hardware Plan(s) is optional, but Retirees must elect to continue coverage for their dependent(s) within the 63-day Retiree enrollment period. Dependents can be added to Retiree Medical, Dental, and/or Vision Hardware Plans if the request is made within 63 days of a qualifying event (marriage, birth, adoption, court-ordered legal guardianship, or loss of eligibility for other group coverage). A legal spouse reaching age 65 is not a qualifying event for re-enrollment in MUS coverage.

Available Coverages

Medical Coverage: Continuation of enrollment in the Medical Plan is available to Retirees and their covered dependents. Coverage is permanently forfeited if the Retiree cancels medical coverage or fails to pay premiums.

Dental Coverage: Continuation of enrollment in the Select Dental Plan (only) is available to Retirees and their covered dependents. Coverage is permanently forfeited if the Retiree cancels dental coverage or fails to pay premiums.

Vision Hardware Coverage: Continuation of enrollment in the Vision Hardware Plan, if enrolled at the time of retirement, is available to Retirees and their covered dependents. Coverage is permanently forfeited if the Retiree cancels Vision Hardware coverage or fails to pay premiums. The Vision Hardware Plan is for vision hardware only. Eye exams, whether preventive or medical, are covered under the Medical Plan.

Life/AD&D Insurance: Continuation of MUS-sponsored Life/AD&D 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 Human Resources/Benefits office for conversion information at the time of your retirement.

SEE CHOICES ENROLLMENT WORKBOOK FOR RATES AND CAMPUS CONTACT INFORMATION

* Contact your campus Human Resources/Benefits office or the MUS Benefits Office at 1-877-501-1722 if you have questions about your benefits enrollment form.