



District Name: _____

Please return by: _____

Open Enrollment Retiree Election			
Effective October 1, 2020			
<i>Please initial to indicate your plan election/declination.</i>			
MEDICAL			
CompanionCare	Single	\$397	_____
Decline Medical*			_____
DENTAL			
	Dental Plan 1	\$63	_____
	Dental Plan 8	\$104	_____
	Dental Plan 10	\$113	_____
	Dental Plan 12	\$130	_____
Decline Dental*			_____
VISION			
	Vision Plan 4	\$15	_____
	Vision Plan 4x	\$26	_____
	Vision Plan 8	\$23	_____
	Vision Plan 8x	\$34	_____
Decline Vision*			_____

Signature _____ Print Name _____ Date _____

Email Address _____ Mailing Address _____ Phone Number _____

**By declining coverage, you waive your right to re-enroll in coverage at any subsequent date.*