



District:

Please return by:

<u>Open Enrollment Retiree Election</u>		
<u>Effective October 1, 2020</u>		
<i>Please initial to indicate your plan election/declination.</i>		
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.*