



District Name: \_\_\_\_\_

Please return by: \_\_\_\_\_

<b>Retiree Election</b>		
<b>Thru September 30, 2020</b>		
<i>Please initial to indicate your plan election/declination.</i>		
<b>DENTAL</b>		
Dental Plan 1	\$63	_____
Dental Plan 8	\$104	_____
Dental Plan 10	\$113	_____
Dental Plan 12	\$130	_____
Decline Dental*		_____
<b>VISION</b>		
Vision Plan 4	\$15	_____
Vision Plan 4x	\$26	_____
Vision Plan 8	\$23	_____
Vision Plan 8x	\$34	_____
Decline Vision*		_____

<b>Open Enrollment Retiree Election</b>		
<b>Effective October 1, 2020</b>		
<i>Please initial to indicate your plan election/declination.</i>		
<b>DENTAL</b>		
Dental Plan 1	\$63	_____
Dental Plan 8	\$104	_____
Dental Plan 10	\$113	_____
Dental Plan 12	\$130	_____
Decline Dental*		_____
<b>VISION</b>		
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.*