Retiree Benefits Opt In

First Name: _____ Last Name: _____

Date of Birth: _____ Marital Status: _____

Home Address: _____

City: _____ State: _____ Postal Code: _____

Phone Number: _____ Personal Email Address: _____

COVERAGE Eligibility

Please check all that apply:

☐ 55 – 64 years of age

☐ 65 or older

☐ 15 years or greater **contracted** years with RUSD

☐ Spouse works/worked for the district

Spouse's Name: _____

Notes:

- Please see attached rate sheet for all retiree **medical** plans and pricing.
- If you will be electing dental and vision they will go through **COBRA** and they will bill you directly.
- **COBRA** will mail you an enrollment packet which will include rates
- Dental and vision will go through **COBRA** for **18 months**, after the 18 months vision goes away however you can enroll in our Lifetime Dental after the 18 months with COBRA have been completed (please see rate sheet for pricing).

Contact: Gabby Hernandez gabriela_hernandez@redlands.k12.ca.us ph: 909-748-6950

Retiree Benefits Opt In

Plan(s) you are electing

☐ **Medical**

Plan Type: _____

☐ Single Party

☐ Family

☐ **Moving out of state**

_____ _____

Signature Date

Contact: Gabby Hernandez gabriela_hernandez@redlands.k12.ca.us ph: 909-748-6950