## **Retiree Election Form**

\_\_\_\_\_ Elect Plan A Medical (PPO)



Effective Date: \_\_\_\_\_

I wish to elect the following benefits and/or benefit changes. I understand these elections are **irrevocable** and that benefit levels are subject to future change.

Elect Plan B Medical (HDHP)	Effective Date:
Use Sick Leave Conversion - Tier	IV only (not applicable to dependents)
Waive All Health Plan Participation	n Effective Date:
Terminate my Retiree Health Plan	Effective Date:
Medicare # (Required if age 65 or older	<b>)</b> :
If you are on or have applied for Medicare required, please submit a copy with this fo	parts A & B, a copy of your Medicare card is orm.
List all dependents you want to continue coverage for	
Name (first/last- please print)	
Name (first/last- please print)	
Retiree Name (first/last – <b>please print</b> )	Vandal ID
Retiree Name (first/last – <b>please print</b> )  Signature Date	
,	
Signature Date  Current Mailing* Address:	Contact Phone Number  Street and/or PO Box  City, State, Zip
Signature Date	Contact Phone Number  Street and/or PO Box  City, State, Zip
Signature Date  Current Mailing* Address:  *If your W-2 address is different than your mailing add  Please return completed form by email,	Contact Phone Number  Street and/or PO Box  City, State, Zip ress, please contact us at benefits@uidaho.edu  Internal Processing
Signature Date  Current Mailing* Address:  *If your W-2 address is different than your mailing add	Contact Phone Number  Street and/or PO Box  City, State, Zip ress, please contact us at benefits@uidaho.edu  Internal Processing Retirement Plan Effective Date
Signature Date  Current Mailing* Address:  *If your W-2 address is different than your mailing add  Please return completed form by email, fax, or USPS to: Benefit Services	Contact Phone Number  Street and/or PO Box  City, State, Zip ress, please contact us at benefits@uidaho.edu  Internal Processing Retirement Plan Effective Date Retiree Medical Plan (A or B)
Signature Date  Current Mailing* Address:  *If your W-2 address is different than your mailing add  Please return completed form by email, fax, or USPS to:  Benefit Services benefits@uidaho.edu	Contact Phone Number  Street and/or PO Box  City, State, Zip ress, please contact us at benefits@uidaho.edu  Internal Processing Retirement Plan Effective Date Retiree Medical Plan (A or B) Sick Leave Credits \$\$
Signature Date  Current Mailing* Address:  *If your W-2 address is different than your mailing add  Please return completed form by email, fax, or USPS to:  Benefit Services benefits@uidaho.edu  875 Perimeter Dr MS 4332	Contact Phone Number  Street and/or PO Box  City, State, Zip ress, please contact us at benefits@uidaho.edu  Internal Processing Retirement Plan Effective Date Retiree Medical Plan (A or B) Sick Leave Credits \$\$ Tier (employment basis)
Signature Date  Current Mailing* Address:  *If your W-2 address is different than your mailing add  Please return completed form by email, fax, or USPS to:  Benefit Services benefits@uidaho.edu	Contact Phone Number  Street and/or PO Box  City, State, Zip ress, please contact us at benefits@uidaho.edu  Internal Processing Retirement Plan Effective Date Retiree Medical Plan (A or B) Sick Leave Credits \$\$