

Retiree Benefits Enrollment

Retiree Information

Last Name

First Name

Birthdate

Medical Plan Enrollment Choices

I want to enroll in Retiree Medical coverage

Only Myself

Myself and my spouse/partner who was covered just before I retired

Myself and all dependents covered just before I retired

I want to decline Retiree Medical coverage

Decline retiree medical coverage

Dental Plan Enrollment Choices

I want to enroll in Retiree Dental coverage

Only Myself

Myself and my spouse/partner who was covered just before I retired

Myself and all dependents covered just before I retired

I want to decline Retiree Dental coverage

Decline retiree dental coverage

Retiree Signature

Signature

Today's Date