San Jose State University Research Foundation

Retiree Enrollment Form

Please return the completed form to Jocelyne Pena via email at <u>Jocelyne.pena@sjsu.edu</u> or mail at SJSU Research Foundation, 210 N 4th St, 3rd Floor, San Jose 95112. If you need assistance, please call (408) 924-1460.

Name	Email Address	Phone Number

Section 1-This section should be completed only if you or your dependent enrolled in Medicare.

Plan Election – Medicare eligible enrollees (Post 65)

Plan	Туре	Retiree Monthly Contribution	Total Premium	Election
Kaiser Senior	Single	\$28.11	\$281.10	
Advantage	+ 1 dependent	\$56.22	\$562.20	
Anthem	Single	\$40.96	\$409.57	
Advantage	+ 1 dependent	\$81.91	\$819.14	

Post 65 Enrollee Information

Name	Date of Birth	Relationship	Social Security Number	Medicare ID number

Section 2: This section only needs to be completed if you or your dependent is not enrolled in Medicare (currently in Basic and Combo plan). Retirees in combination plan, please complete both sections. Retirees in combination plan cannot combine Kaiser with other plans.

Plan Election - Non-Medicare eligible enrollees (Pre-65)

Plan	Туре	Retiree Monthly Contribution	Total Premium	Election
	Single	\$90.59	\$905.94	
Kaiser	+1 dependent	\$181.19	\$1,811.88	
	+2 or more dependents	\$235.55	\$2,355.45	
Kaiser Combination	1 adult with Medicare & 1 adult without Medicare	\$118.70	\$1,187.04	
	Retiree & Spouse w/ Medicare & 1 child without Medicare	\$110.58	\$1,105.77	

	Retiree & Spouse w/ Medicare & 2+ children without Medicare	\$173.06	\$1,730.61	
	Single	\$90.45	\$904.47	
EPO	+1 dependent	\$180.89	\$1,808.94	
	+2 or more dependents	\$262.30	\$2,622.97	
Plan	Туре	Retiree Monthly Contribution	Total Premium	Election
PPO	Single	\$81.67	\$816.73	
	+1 dependent	\$163.35	\$1,633.45	
	+2 or more dependents	\$236.85	\$2,368.50	
	Single	\$0	\$669.17	
HDHP HSA eligible	+1 dependent	\$0	\$1,338.34	
TIOA cligible	+2 or more dependents	\$0	\$1,940.59	

Pre-65 Enrollee Information

Name	Date of Birth	Relationship	Social Security Number

Remai	rks
-------	-----

Retiree Signature Date

