RETIREE BENEFITS ENROLLMENT FORM (2021)

ROUND ROCK TEXAS
HUMAN RESOURCES

Humana presents Austin Business Journal's HEALTHIEST EMPLOYERS OF CENTRAL TEXAS

PERSONAL INFORMATION:

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M ☐ F ☐

Address (Street, No.)	City	State	Zip	Phone #	Employee #

Email Address	Retirement Date:	Coverage Effective Date:

COVERAGE ELECTIONS (monthly rates)

	Waive	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Aetna Choice Medical	☐	☐ $399.00	☐ $798.00	☐ $718.00	☐ $1,196.00
Aetna Whole Health Seton	☐	☐ $377.00	☐ $754.00	☐ $674.00	☐ $1,147.00
Aetna Dental	☐	☐ $37.00	☐ $62.00	☐ $58.00	☐ $92.00
Aetna Vision	☐	☐ $7.00	☐ $13.00	☐ $10.00	☐ $23.00

MONTHLY SURCHARGES (medical plans only) SELECT ONE:

____ 5 – 9 Years of Service: $100.00 ____ 10 – 19 Years of Service: $50.00 ____ 20 + Years of Service: $0.00

☐ ADD ☐ REMOVE Provide the following information for each dependent that will be insured for any of the above elections.

Coverage Selection		Last Name (if different from employee name)	First Name	MI.	Sex M F	Date of Birth	Social Security Number
☐ Medical ☐ Dental ☐ Vision	Spouse				☐ ☐		
☐ Medical ☐ Dental ☐ Vision	Child				☐ ☐		
☐ Medical ☐ Dental ☐ Vision	Child				☐ ☐		
☐ Medical ☐ Dental ☐ Vision	Child				☐ ☐		

ACKNOWLEDGEMENT AND SIGNATURE:

My signature below acknowledges that I understand that eligibility in the City of Round Rock Retiree Benefits Coverage will terminate upon my and/or my dependent's eligibility for health coverage with another employer, and/or my and/or my dependent's eligibility for Medicare. I also understand it is my responsibility to inform the City of Round Rock in the event I become eligible for health coverage with another employer. Failure to do so will cause my retiree benefits with the City of Round Rock to terminate.

✕ _____ _____

Signature **Date**