RETIREE BENEFITS ENROLLMENT FORM (2022)

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)

	Decline	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Choice Plus		$399.00	$798.00	$718.00	$1,196.00
Nexus ACO		$377.00	$754.00	$674.00	$1,147.00
Dental		$37.00	$62.00	$58.00	$92.00
Vision		$5.86	$9.96	$10.54	$15.62

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

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