# RETIREE BENEFITS ENROLLMENT FORM (2024)

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 |
| **EPO Choice** | ☐ | $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**