Town of Longmeadow - Human Resources Department
735 Longmeadow Street Suite 102, 01106

Retiree Benefit Selection Form FY21 Rates

Retiree Name: ____

Street Address: ____

City: ____________________________ State: __________ Zip: ______

Social Security Number: ________________ Retirement Date: ______________

Hampden County Retirement: ☐ or Mass Teachers Retirement: ☐

Health Insurance Coverage

☐ I wish to maintain my health insurance with the Town of Longmeadow. I understand this deduction will come out of my monthly pension check. I understand these premiums are paid one month in advance.

☐ I would like to cancel my health insurance effective the day I retire.

☐ I do not currently carry health insurance with the Town of Longmeadow.

Retiree Coverage:

Retirees with covered dependent children, under the age of 65, or proven non-Medicare A & B eligible please select one:

☐ HNE HMO Individual $341.79
☐ Tufts HMO Individual $371.64
☐ BCBS HMO Individual $392.03
☐ BCBS PPO Individual $695.01
☐ HNE HMO Family $851.23
☐ Tufts HMO Family $926.85
☐ BCBS HMO Family $973.11
☐ BCBS PPO Family $1509.92

Retirees with no covered dependent children, age 65 or older and eligible for Medicare A & B eligible please select one:

☐ ~~HNE Medicare Freedom POS $140.00~~
☐ BCBS Managed Blue Seniors $187.00
☐ BCBS Medex $188.45
☐ Tufts Medicare Preferred HMO $163.50
☐ HNE Senior Medplus $238.80
☐ Tufts Medicare Supp. PDP $179.00

Additional Spouse Coverage: - Spouses must be covered prior to retirement-

Spouses under the age of 65, or proven non-Medicare A & B eligible please select one:

☐ HNE HMO Individual $341.79
☐ Tufts HMO Individual $371.64
☐ BCBS HMO Individual $392.03
☐ BCBS PPO Individual $695.01

Spouses age 65 or older and eligible for Medicare A & B eligible please select one:

☐ ~~HNE Medicare Freedom POS $140.00~~
☐ BCBS Managed Blue Seniors $187.00
☐ BCBS Medex $188.45
☐ Tufts Medicare Preferred HMO $163.50
☐ HNE Senior Medplus $238.80
☐ Tufts Medicare Supp. PDP $179.00

See other side for Life Insurance Coverage Options

Life Insurance Coverage

☐ I would like to maintain my Life Insurance policy with the Town of Longmeadow at the amount listed below. I understand this deduction will come out of my monthly pension check. I understand these premiums are paid one month in advance.
☐ I would like to cancel my Life Insurance effective the last day of the month in which I retired.
☐ I do not currently carry Life Insurance

AGE-BANDED PLAN ONLY***

☐ $2,000.00 Basic Life/AD&D I am currently enrolled and under age 75- $1.38
☐ $2,000 Basic Life only I am currently enrolled and age 75 or older- $1.35

OLD PLAN ONLY

☐ $2,000.00 Basic Life/AD&D I am currently enrolled and under age 75- $1.38
☐ $2,000 Basic Life/AD&D plus the maximum $5,000.00 additional Life and AD&D I am currently enrolled in a plan of $7,000 or greater- $5.48*
☐ $2,000 Basic Life only I am currently enrolled and age 75 or older- $1.35**

* Amounts of Additional Voluntary Life and Accidental Death & Dismemberment Insurance shall be reduced to $5,000 upon Retirement.
**All Additional Voluntary Life and Accidental Death & Dismemberment Insurance shall be discontinued at age 75; the Basic Life Insurance of $2,000.00 will remain in force.
*** For Age-Banded Policy all spouse and dependent coverage terminates upon retirement and retiree will be given forms for Conversion and Portability options.

I, ________________________________, wish to maintain my health and/or life insurance with the Town of Longmeadow as indicated on this form. I understand this deduction will come out of my monthly pension check and that these premiums are paid one month in advance.

Signature: ____ Date:____________________________

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Retiree Dental Insurance Selection Form FY21 Rates

Retiree Name:____

Street Address: ____

City: ______________________________ State: ___________ Zip: ________

Social Security Number: __________________ Retirement Date: _________________

Hampden County Retirement: ☐ or Mass Teachers Retirement: ☐

Retiree Coverage:

- ☐ Altus Low Retiree Only $45.14
- ☐ Altus Low Retiree & Spouse $90.29
- ☐ Altus Low Retiree & Child(ren) $86.43
- ☐ Altus Low Retiree & Family $137.04

- ☐ Altus High Retiree Only $50.56
- ☐ Altus High Retiree & Spouse $101.10
- ☐ Altus High Retiree & Child(ren) $103.48
- ☐ Altus High Retiree & Family $160.20

☐ I would like to cancel my Altus Dental Insurance effective the day on which I retire. I understand that I will not be given an opportunity in the future to enroll in Altus Dental with the Town of Longmeadow.

☐ I do not currently carry Altus Dental Insurance

I wish to maintain my dental insurance with the Town of Longmeadow. I understand this deduction *will not* come out of my monthly pension check and that I will make payments to the third party administrator, Dental Maintenance Services (DMS) as indicated on the attached payment election form. I understand that failure to submit payment to DMS in a timely fashion as indicated will result in the termination of my dental coverage through the Town of Longmeadow and that I will not be given an additional opportunity to enroll in this coverage.

Signature: ______________________________ Date: ____________________

IF YOU ELECTED TO MAINTAIN YOUR CURRENT DENTAL COVERAGE, PLEASE COMPLETE THE ATTACHED “PAYMENT ELECTION FORM” FOR YOUR FUTURE DENTAL BILLING FROM DMS.

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Retiree Vision Insurance Selection Form FY21 Rates

Retiree Name: ____

Street Address: ____

City: ____ State: _______________ Zip: _________

Social Security Number: _______________________ Retirement Date: _____________________

Hampden County Retirement: ☐ or Mass Teachers Retirement: ☐

Retiree Coverage:

☐ Davis Vison Retiree Only $6.40 per month
☐ Davis Vision Retiree & Spouse $11.94 per month
☐ Davis Vision Retiree & Child(ren) $12.50 per month
☐ Davis Vision Retiree & Family $16.97 per month

☐ I would like to cancel my Davis Vision Insurance effective the day on which I retire. I understand that I will not be given an opportunity in the future to enroll in Davis Vision with the Town of Longmeadow.

☐ I do not currently carry Davis Vision Insurance

I wish to maintain my vision insurance with the Town of Longmeadow. I understand this deduction *will not* come out of my monthly pension check and that I will make payments to the third party administrator, TASC, as indicated on the attached payment election form. I understand that failure to submit payment to TASC in a timely fashion as indicated will result in the termination of my vision coverage through the Town of Longmeadow and that I will not be given an additional opportunity to enroll in this coverage.

Signature: ____ Date: ____________________________

IF YOU ELECTED TO MAINTAIN YOUR CURRENT VISION COVERAGE,
PLEASE COMPLETE THE ATTACHED “PAYMENT ELECTION FORM”
FOR YOUR FUTURE VISION BILLING FROM TASC.