

## Retiree Benefit Selection Form FY22 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:

- |  |  |
|--|--|
| <input type="checkbox"/> HNE HMO Individual \$360.50   | <input type="checkbox"/> HNE HMO Family \$898.50   |
| <input type="checkbox"/> Tufts HMO Individual \$392.00 | <input type="checkbox"/> Tufts HMO Family \$978.00 |
| <input type="checkbox"/> BCBS HMO Individual \$413.50  | <input type="checkbox"/> BCBS HMO Family \$1027.00 |
| <input type="checkbox"/> BCBS PPO Individual \$698.50  | <input type="checkbox"/> BCBS PPO Family \$1517.50 |

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

- |   |  |
|---|--|
| <input type="checkbox"/> HNE Medicare Freedom POS \$140.00  | <input type="checkbox"/> Tufts Medicare Preferred HMO \$170.50 |
| <input type="checkbox"/> BCBS Managed Blue Seniors \$189.00 | <input type="checkbox"/> HNE Senior Medplus \$238.80           |
| <input type="checkbox"/> BCBS Medex \$188.45                | <input type="checkbox"/> Tufts Medicare Supp. PDP \$182.00     |

### **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:

- |  |   |
|--|---|
| <input type="checkbox"/> HNE HMO Individual \$360.50   | <input type="checkbox"/> BCBS HMO Individual \$413.50 |
| <input type="checkbox"/> Tufts HMO Individual \$392.00 | <input type="checkbox"/> BCBS PPO Individual \$698.50 |

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

- |   |  |
|---|--|
| <input type="checkbox"/> HNE Medicare Freedom POS \$140.00  | <input type="checkbox"/> Tufts Medicare Preferred HMO \$170.50 |
| <input type="checkbox"/> BCBS Managed Blue Seniors \$189.00 | <input type="checkbox"/> HNE Senior Medplus \$238.80           |
| <input type="checkbox"/> BCBS Medex \$188.45                | <input type="checkbox"/> Tufts Medicare Supp. PDP \$182.00     |

### **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: \_\_\_\_\_

## Retiree Dental Insurance Selection Form FY22 - FY23 Rates

Retiree Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Hampden County Retirement:  or Mass Teachers Retirement:

### **Retiree Coverage:**

- |   |   |
|---|---|
| <input type="checkbox"/> Altus Low Retiree Only \$45.14         | <input type="checkbox"/> Altus High Retiree Only \$50.56          |
| <input type="checkbox"/> Altus Low Retiree & Spouse \$90.29     | <input type="checkbox"/> Altus High Retiree & Spouse \$101.10     |
| <input type="checkbox"/> Altus Low Retiree & Child(ren) \$86.43 | <input type="checkbox"/> Altus High Retiree & Child(ren) \$103.48 |
| <input type="checkbox"/> Altus Low Retiree & Family \$137.04    | <input type="checkbox"/> 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.**

## Retiree Vision Insurance Selection Form FY22 Rates

Retiree Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Hampden County Retirement:  or Mass Teachers Retirement:

### **Retiree Coverage:**

- Davis Vision 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.**