Montgomery College Retiree Group Insurance Enrollment Form	Effective Date ☐ Birth/Adoption ☐ Marriage/Divorce ☐ Other

EMPLOYEE INFORMATION

Retiree Name	☐ Female ☐ Male	Social Security No:

Street Address	City	State	Zip Code

Date of Birth	Employment Date:	☐ Married ☐ Single	Home Phone:	Date of Retirement

LIFE INSURANCE

☐ YES, I ELECT COVERAGE ☐ NO, I DECLINE COVERAGE

Primary Beneficiary Name	☐ Spouse ☐ Child ☐ Other	Date of Birth	SSN:
Secondary Beneficiary Name	☐ Spouse ☐ Child ☐ Other	Date of Birth	SSN:

Email Address:

MEDICAL INSURANCE

☐ YES, I ELECT COVERAGE ☐ NO, I DECLINE COVERAGE

CHECK ONE BOX ONLY	☐ SINGLE ☐ 2 Individuals (*Complete Dependent Information Below*) ☐ FAMILY (*Complete Dependent Information Below*)	
CHECK ONE BOX ONLY	☐ KAISER PERMANENTE ☐ CIGNA POS	☐ CIGNA PPO - Full coverage ☐ CIGNA PPO – No Prescription coverage enrolled in Medicare Part D. Medical coverage only.

All medical plans require enrollment in Medicare Part B at age 65.

DENTAL INSURANCE

☐ YES, I ELECT COVERAGE ☐ NO, I DECLINE COVERAGE

CHECK ONE BOX ONLY	☐ SINGLE ☐ 2 Individuals (*Complete Dependent Information Below*) ☐ FAMILY (*Complete Dependent Information Below*)	
CHECK ONE BOX ONLY	☐ CIGNA DENTAL PPO	☐ CIGNA Dental Care (*Dental Maintenance Organization*)

GROUP VISION PLAN (*100% Paid by Retiree*)

☐ YES, I ELECT COVERAGE ☐ NO, I DECLINE COVERAGE

☐ Single ☐ Family

**See reverse side for dependent information section. ➔ ➔ ➔ ➔➔ ➔➔ ➔➔ ➔➔ ➔➔ ➔

DEPENDENT INFORMATION			
(COMPLETE IF APPLYING FOR FAMILY MEDICAL, DENTAL, AND/OR VISION COVERAGE)			
Spouse Name	☐ Female ☐ Male	Date of Birth	SSN of Spouse:
Child Name	☐ Female ☐ Male	Date of Birth	☐ FULL-TIME STUDENT AGE 19 OR OLDER

Automatically deduct from Maryland State pension payment? ☐ Yes ☐ No

Department worked: _____

Campus: ☐ Germantown ☐ Rockville ☐ Takoma Park/Silver Spring ☐ Off-site

I elect the coverages indicated for myself and my eligible dependents, if any. I agree to abide by the terms, conditions, provisions and eligibility requirements of each plan selected. I certify that the information furnished is true and complete to the best of my knowledge.

_____ _____

RETIREE SIGNATURE **DATE**