

# San Jose State University Research Foundation

## Retiree Enrollment Form

Please return the completed form to Jocelyne Pena via email at [Jocelyne.pena@sjsu.edu](mailto:Jocelyne.pena@sjsu.edu) or mail at SJSU Research Foundation, 210 N 4<sup>th</sup> St, 3<sup>rd</sup> Floor, San Jose 95112. If you need assistance, please call (408) 924-1460.

Name

Email Address

Phone Number

**Section 1**-This section should be completed only if you or your dependent enrolled in Medicare.

### Plan Election – Medicare Eligible Enrollees (Post-65)

Plan Type		Retiree Monthly Contribution	Total Premium	Election
Kaiser SA	Single	\$27.85	\$250.67	<input type="checkbox"/>
	+ 1 dependent	\$55.70	\$501.34	<input type="checkbox"/>
Anthem Advantage	Single	\$40.96	\$368.61	<input type="checkbox"/>
	+ 1 dependent	\$81.91	\$737.23	<input type="checkbox"/>

### Post-65 Enrollee Information

Name	Date of Birth	Relationship	Social Security Number	Medicare ID number

**Section 2:** This section only needs to be completed if you or your dependent are not enrolled in Medicare (currently in Basic and Combination plan). Retirees in a combination plan, please complete both sections. Retirees in combination plan cannot combine Kaiser with other plans.

### Plan Election – Non-Medicare Eligible Enrollees (Pre-65)

Plan Type		Retiree Monthly Contribution	Total Premium	Election
Kaiser	Single	\$90.59	\$815.35	<input type="checkbox"/>
	+1 dependent	\$181.19	\$1,630.69	<input type="checkbox"/>
	+2 or more dependents	\$235.55	\$2,119.90	<input type="checkbox"/>
EPO	Single	\$90.45	\$814.02	<input type="checkbox"/>
	+1 dependent	\$180.89	\$1,628.05	<input type="checkbox"/>
	+2 or more dependents	\$262.30	\$2,360.67	<input type="checkbox"/>

Plan Type		Retiree Monthly Contribution	Total Premium	Election
PPO	Single	\$81.67	\$735.06	<input type="checkbox"/>
	+1 dependent	\$163.35	\$1,470.11	<input type="checkbox"/>
	+2 or more dependents	\$236.85	\$2,131.65	<input type="checkbox"/>
HDHP HSA eligible	Single	\$0	\$669.17	<input type="checkbox"/>
	+1 dependent	\$0	\$1,338.34	<input type="checkbox"/>
	+2 or more dependents	\$0	\$1,940.59	<input type="checkbox"/>

**Pre-65 Enrollee Information**

Name	Date of Birth	Relationship	Social Security Number

Remarks

Retiree Signature

Date