



2019 - 2020

Retiree Enrollment Form

Step 1: PERSONAL INFORMATION

Social Security Number** _____

Last Name _____ First Name _____ M.I. _____

D.O.B. ____/____/____ Gender: Male Female Marital Status: Single Married Divorced Separated Widow

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ SDCERS ID _____

E-mail _____ Retirement Date _____

**SDCERS requires a full SSN to initiate a pension deduction. If you prefer, you may write 'Please Call' on that line and one of our staff members will reach out to you directly to obtain the information.

Step 2: DENTAL

(Please choose one dental option. Rates are monthly)

No Dental

Dental HMO - Select Facility on Reverse of this form

Retiree Only - \$21.00

Retiree & Spouse/DP - \$40.90

Retiree & Child(ren) - \$40.90

Retiree & Family - \$58.46

Dental PPO

Retiree Only - \$66.50

Retiree & Spouse/DP - \$124.50

Retiree & Child(ren) - \$143.00

Retiree & Family - \$208.50

Step 3: VISION

(Please choose one vision option. Rates are monthly)

No Vision

VSP Vision

Retiree Only - \$18.50

Retiree & Spouse/DP - \$32.50

Retiree & Child(ren) - \$32.50

Retiree & Family - \$53.50

Step 4: HYATT LEGAL PLAN

Please note: If you are currently on the Hyatt Legal Plan & select 'No' your plan will terminate July 31, 2019

NO Hyatt Legal Plan

YES, Enroll Me - \$23.40/month

Step 5: DEPENDENT INFORMATION

If you selected dependent coverage for dental and/or vision, please provide your dependent information on the reverse side of this application.

Step 6: MEMBERSHIP SELECTION

Which organization(s) are you a member of or wish to join?

MEA

REA

RFPA

SDPOA

Step 7: RETIREE SIGNATURE

Retiree Signature _____

Date _____

I, the above signed, understand that I will be responsible for all costs associated with the plan(s) I have selected. I also understand that these plans are a one year commitment and cannot be cancelled until the next open enrollment. I also understand that I am agreeing to be a member of one of the participating SDPEBA organizations, and agree to pay dues accordingly, and that dues are not deductible as a charitable contribution. I accept the terms and conditions on the reverse side of this application.

Step 8: SUBMIT ENROLLMENT FORM

Please return forms to: SDPEBA
9620 Chesapeake Dr, Suite 203-B OR FAX 619.431.3078 OR E-mail info@sdpeba.org
San Diego, CA 92123

If you have any questions on your benefits, please call us at 888.315.8027 or visit us online www.sdpeba.org