## Tulsa Community College Over 65 Enrollment Form

Return Form to: Tulsa Community College Human Resources 909 South Boston Ave Tulsa, OK 74119



**Member Information:** Please complete the information below.

Retiree Social Security Number	Last Name, First Name, M.I.	□Mr. □ Mrs. □Ms.	Gender
Permanent Residence Street Address	City, State ZIP Code	Home Phone	Date of Birth MM/DD/YYYY

Medical Plan Options Please check the box indicating if you will keep (circle plan election if wanting to change current election) or drop coverage.

## Aetna Medicare Plan Options (Monthly Premiums)

□Keep □Drop	RETIREE ELECTION	SPOUSE ELECTION			
Aetna Medicare Plan C04 HIGH PLAN	\$438.86 monthly	\$438.86 monthly			
Aetna Medicare Plan S02 LOW PLAN	\$347.97 monthly	\$347.97 monthly			
Aetna Medicare Plan HIGH SCRIPT PLAN	\$210.66 monthly	\$210.66 monthly			

Medicare Information - You must have Medicare Part A and Part B to join a Medicare Advantage Plan:

Use your Medicare card to complete this section

See your Medicare Card to Complete this section.  ⇒ Fill in these blanks so they match your red, white and blue Medicare Card OR  ⇒ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.								
RETIREE	MEDICARE NUMBER	SPOUSE MEDICARE NUMBER						
NAME	SEX	NAME	SEX					
MEDICARE CLAIM NUMBER		MEDICARE CLAIM NUMBER _	<del>-</del>					
Is entitled to: Hospital (Part A) Hospital (Part B)	EFFECTIVE DATE://	Is entitled to: Hospital (Part A) Hospital (Part B)	EFFECTIVE DATE://					

**Dental Plan Options** Please check the box indicating if you will keep (circle plan election if wanting to change current election) or drop coverage.

BCBS OK Dental Plans (Monthly Premiums)									
□Keep □Drop	Retiree Only		Retiree + Spouse	Retiree + Child(ren)		Retiree + Family			
Blue Cross Blue Shield Dental LOW PLAN OPTION	\$19.38	monthly	\$38.78 monthly	\$51.38	monthly	\$78.12	monthly		
Blue Cross Blue Shield Dental HIGH PLAN OPTION	\$38.46	monthly	\$76.84 monthly	\$100.30	monthly	\$152.96	monthly		

Refiree:   Current life insurance?   Keep   Drop   Reduce \$ (\$1,000 Increments, maximum \$200,000)	Vision Plo	an Options Please check the box inc	dicating	if you v	vill keep/add (cir	cle plan electic	on if wanting	g to change/ad	d current elec	ction) c	or drop coverag
District   District					Delive e Only	Potivo	a + Chause	Polizo 4	Child(ron)	Deli	roo I Eamily
Last name, First name, M.I.    Primary   Primary   Primary   Primary   Contingent   Contingent	MetLife Vision LOW PLAN OPTION				\$ 8.06 month	ly \$16.14 monthly		\$17.24 monthly		\$27.56 monthly	
Health   Dental   Vision	Depende	ent Information—Please list depende	ents incl	uding y	our spouse if ele	cting to keep/a	ıdd/drop co	verage.			
Reep/Drop   Reep/Drop   Reep/Add/Dro   Reep/Drop   Reep/Drop   Reep/Add/Dro   Reep/Drop   Reep/Add/Dro   Reep/Drop   Reep/Drop   Reep/Add/Dro   Reep/Drop   Reep/Drop   Reep/Drop   Reep/Add/Drop   Reep/Drop   Reep/Drop   Reep/Add/Drop   Reep/Drop   Reep/	of representation of the second seco	_ast Name, First Name, M.I.		Sex	Birth date	Social Security Number		Circle Coverage Elected for Each			
Reep/Diop   Reep/Diop   Reep/Diop   Reep/Diop   Reep/Diop   Reep/Diop   Reep/Diop   Reep/Add/Dio   Reep/Diop   Reep/Diop   Reep/Add/Dio   Reep/Add/Dio   Reep/Diop   Reep/Add/Dio   Reep/Ad	Fami		Relati to Re	M/F	MM/DD/YYYY			Health	Denta	1	Vision
Resp/Drop   Resp/Drop   Resp/Drop   Resp/Drop   Resp/Drop   Resp/Add/Dro	SP							Keep/Drop	Keep/Drop		Keep/Add/Drop
Retiree:   Current life insurance?   Keep   Drop   Reduce \$	C1							Keep/Drop	Keep/Drop		Keep/Add/Drop
Voluntary Life  Please check the box indicating the plan/coverages you are electing.  Refiree:  Current life insurance?   Keep   Drop   Reduce \$	C2							Keep/Drop	Keep/Drop		Keep/Add/Drop
Refiree: Current life insurance?	C3							Keep/Drop	Keep/Drop		Keep/Add/Drop
Beneficiary Designation - Voluntary Life    Last name, First name, M.I.   Date of Birth   SSN   Relationship   Mailing Address   Phone Number   Percentage	Volunta	ry Life Please check the box	indicat	ing the	plan/coverages	you are electin	g.				
Primary  Primary  Contingent  Contingent  I acknowledge that these elections will be in force from January 1, 2024 through December 31, 2024, unless I have a qualifying event change and notify Tulsa Community College within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  Retiree Signature (Required)  Date (MM/DD/YYYY)	Retiree:	Current life insurance?	⊐ Keep	□ Dro	op □ Reduce :	\$	(\$1,00	00 Increments,	maximum \$2	200,00	0)
Primary  Contingent  Contingent  I acknowledge that these elections will be in force from January 1, 2024 through December 31, 2024, unless I have a qualifying event change and notify Tulsa Community College within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  Retiree Signature (Required)  Retiree E-mail Address  Date (MM/DD/YYYY)				Ben	eficiary Design	ation - Volunt	ary Life				
Primary  Contingent  I acknowledge that these elections will be in force from January 1, 2024 through December 31, 2024, unless I have a qualifying event change and notify Tulsa Community College within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information in that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  Retiree Signature (Required)  Retiree E-mail Address  Date (MM/DD/YYYY)		Last name, First name, M.I.	Date	of Birth	SSN	Relationship	) Ma	iling Address	Phone No	umber	Percentage
Contingent  I acknowledge that these elections will be in force from January 1, 2024 through December 31, 2024, unless I have a qualifying event change and notify Tulsa Community College within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  Retiree Signature (Required)  Retiree E-mail Address  Date (MM/DD/YYYY)	Primai	у									
I acknowledge that these elections will be in force from January 1, 2024 through December 31, 2024, unless I have a qualifying event change and notify Tulsa Community College within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  Retiree Signature (Required)  Retiree E-mail Address  Date (MM/DD/YYYY)	Primai	у									
I acknowledge that these elections will be in force from January 1, 2024 through December 31, 2024, unless I have a qualifying event change and notify Tulsa Community College within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  Retiree Signature (Required)  Retiree E-mail Address  Date (MM/DD/YYYY)	Conting	ent									
Community College within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.  WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  Retiree Signature (Required)  Retiree E-mail Address  Date (MM/DD/YYYY)	Conting	ent									
	Commul By signin misstater incurred WARNING containin	nity College within 30 days from the dog below, I represent that all the informments or omissions of information that during my or my dependent's covered. Any person who knowingly, and was any false, incomplete or misleading	ate of the nation I have are mad age. vith inter	e eventa nave listed de on the nt to inju	. I understand I mused is true and cornis application ma ure, defraud or dis guilty of a felor	ust abide by the mplete to the be by be the basis for eceive any insury.	provision of est of my known or later withd orer, makes	each plan as co wledge and beli rawal of insurand	ontained in the ief. I acknowled ce coverage of the proceeds of	plan b dge the or denic	enefit guides. at any material al of benefits
EVEN ENOU DOS DEED MODE TO EDSITE TOOL TO ENTORMATION IN TAIL STATEMENT IS ACCULATE, NOWEVEL DO MARKANTY OF COMPLETE ACCULACY IS MADE. THIS PENAL DOES NOT IN ANY				n in this s							

Every effort has been made to ensure that the information in this statement is accurate; however no warranty of complete accuracy is made. This report does not in any way constitute a contract of employment. Tulsa Community College reserves the right to amend pay and benefits at any time without notice. If you feel an error has been made or have any questions, please contact Human Resources.