



ANTELOPE VALLEY COLLEGE

Office of Human Resources & Employee Relations

OPEN ENROLLMENT: RETIREES
EMPLOYEE DESIGNATION OF 2011-2012 HEALTH BENEFIT PLAN

PLEASE RETURN THIS DESIGNATION FORM TO THE HUMAN RESOURCES OFFICE
NO LATER THAN FRIDAY, OCTOBER 21, 2011

EMPLOYEE NAME: _____ SSN (Last 4 digits): _____
Please Print Clearly

Retired _____ Administrator _____ Classified _____ CMS _____ Faculty _____

PLEASE INDICATE YOUR SELECTION BELOW:

_____ NO CHANGE. I elect to remain in current Plan. I am currently in Plan _____

_____ CHANGE PLAN. I elect to change to the Plan selected below. (Must complete a new Enrollment form.)

Table with 2 columns: Plan, Cost to Employee (Monthly x 10). Rows include PPO Plan #1-A (\$195.50), PPO Plan #2-C (\$113.00), PPO Plan #3-C (\$63.00), PPO Plan #6-C (\$8.80), PPO Wellness 1-C (\$53.00), HDHP Plan #2 (\$0), Kaiser #1 (\$28.30), Kaiser #8 (\$0).

Payments must be received no later than the 5th of each month. Payments must be received on a timely basis to maintain coverage.

Employee Signature (required): _____ Date: _____

- Notes: (1) Kaiser, as an HMO, does not coordinate benefits with indemnity (Blue Cross) policies. Spouses not primarily covered on an HMO are limited to the use of their own plans. Dependents of parents having both an indemnity plan and an HMO are provided primary coverage based on the parent whose birthdate falls earliest in the calendar year, as is the case with both parents having indemnity plans. (2) A new Enrollment form must be completed for any revisions (change of plan, addition or removal of dependents). Must provide required documents.