San Jose State University Research Foundation

Retiree Enrollment Form

Please return the completed form to Jocelyne Pena via email at Jocelyne.pena@sjsu.edu, or by mail to SJSU Research Foundation, One Washington Square, San Jose, CA 95192-0139.

If you need any assistance, please call (408)924-1460.

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Name	Email Address	Phone Number

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

Plan Election – Medicare-eligible enrollees (Post-65)

Plan Type		Retiree Monthly Contribution	Total Premium	Election
Anthem Advantage	Retiree Only	$65.02	$650.19	○
	Retiree + 1	$130.04	$1,300.38	○
Kaiser SR Advantage	Retiree Only	$38.22	$382.16	○
	Retiree +1	$76.43	$764.32	○

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 is not enrolled in Medicare (currently in Basic and Combo plan). Retirees in combination plans must complete both sections.

Retirees in combination plans cannot combine Kaiser with other plans.

Plan Election – Non-Medicare eligible enrollees (Pre-65)

Plan Type		Retiree Monthly Contribution	Total Premium	Election
Kaiser	Retiree Only	$124.94	$1,249.37	○
	Retiree +1	$249.87	$2,498.74	○
	Retiree 2+ Dependents	$324.84	$3,248.36	○
Kaiser Combination Plans	1 on Medicare & 1 without	$163.15	$1,631.53	○
	1 Medicare & 2+ without	$238.12	$2,381.15	○
	2 on Medicare & 1+ without	$151.39	$1,362.55	○
EPO	Retiree Only	$151.13	$1,511.32	○
	Retiree +1	$302.26	$3,022.63	○
	Retiree 2+ Dependents	$438.28	$4,382.83	○
PPO	Retiree Only	$136.47	$1,364.71	○
	Retiree +1	$272.94	$2,729.39	○
	Retiree 2+ Dependents	$395.76	$3,957.63	○
HDHP HSA Eligible	Retiree Only	$111.82	$1,118.15	○
	Retiree +1	$223.63	$2,236.28	○
	Retiree 2+ Dependents	$324.26	$3,242.62	○

Pre-65 Enrollee Information

Name	Date of Birth	Relationship	Social Security Number

Remarks:

_____ _____

Retiree Signature Date