

HACC RETIREE OVER 65 2020 PLAN YEAR ELECTION FORM

Please use this form to elect coverage for the 2020 benefit plan year.

Please print clearly to ensure accurate processing.

These premiums will be billed quarterly.

If you have any questions, contact HACC Human Resources Department at AskHR@hacc.edu.

First Name:	Last Name:
Telephone Number:	E-Mail Address:

I choose to elect:

		Monthly Cost	Amount You Will Be Billed Quarterly	Mark your selection in the box using 'X'
Medical and Prescription	Single	\$ 345.22	\$ 1,035.66	
	Couple	\$ 690.44	\$ 2,071.32	
Medical Only	Single	\$ 185.22	\$ 555.66	
	Couple	\$ 370.44	\$ 1,111.32	
Prescription Only	Single	\$ 160.00	\$ 480.00	
	Couple	\$ 320.00	\$ 960.00	

Dental and vision coverage is not available through HACC.

If you are electing couple coverage, provide your spouse's name and date of birth:

Spouse Name: _____ Date of Birth: _____

ACKNOWLEDGEMENT

I understand that the elections I make on this form will remain as long as I am eligible or until I make another election during annual enrollment. I am enrolling for myself and eligible dependents. I acknowledge that it is my responsibility to notify HACC Office of Human Resources of any changes in eligibility status for myself or my dependents in a timely manner. In failing to update HACC Office of Human Resources within 30 days of any change, I understand that I may incur continued financial responsibility for my benefits.

Signature:	Date:
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