

RETIREE HEALTH CARE DECISIONS

Please choose from the following the benefits you wish to continue:

I elect to continue dental insurance for myself and any eligible dependents currently on my plan. I understand that there will not be any premiums due for this benefit.

I elect to continue basic life insurance for myself. I understand that there will not be any premiums due for this benefit.

I elect to continue my \$1,000 dependent life insurance. I understand that I must make the payments for this benefit directly to the Human Resources Office in the amount of \$.47 per month.

I elect to continue vision insurance for myself only. I understand that I must make the payments for the premium directly to the Human Resources Office in the amount of \$10.74 per month.

I elect to continue vision insurance for myself and any eligible dependents currently covered on my plan. I understand that I must make the payment for the premium directly to the Human Resources Office in the amount of \$23.09 per month.

*****Payments need to be made payable to Trinity County HR. Payments may be mailed to Trinity County Human Resources, P. O. Box 1347, Weaverville, CA 96093*****

*****Payments are due monthly, but may be paid in advance quarterly, semi-annually or annually*****

*****Premiums are subject to change*****

Print Name

Signature

Date

Address

Phone Number