



Benefit Intent Form (AAUP-AFT) Participant in Academic Staff Retirement Buy-Out

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| Name (Last, First) Please print | Banner ID | Date of Birth | Phone |
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| Street Address | City | State | Zip |
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The purpose of this form is to inform the HR Service Center of your intentions to select benefits at the time of retirement. This is NOT an enrollment form and you **will not** be enrolled in a retiree medical, dental and/or vision plan until appropriate enrollment forms are submitted. This form should be submitted, along with enrollment form(s), at least 2 weeks prior to your date of retirement.

- I intend to elect **retiree medical insurance** and have enclosed a retiree Medical Plan Enrollment Form.
Please note: If you were previously enrolled in Blue Cross Blue Shield of Michigan, HAP (HMO) or Blue Care Network (HMO), you must continue with that same carrier until the next open enrollment. Community Blue (PPO) and Total Health Care (HMO) are not retiree medical insurance plan options. If you were previously enrolled in either of these active employee plans, and you wish to enroll in a WSU retiree medical insurance plan, you will need to choose a new plan.
- I intend to elect **retiree dental insurance** and have enclosed a retiree Dental Plan Enrollment Form.
- I intend to elect **retiree vision insurance** and have enclosed a retiree Vision Plan Enrollment Form.
- I intend to elect COBRA continuation of my medical, dental and/or vision benefits at the applicable unsubsidized COBRA rates. I understand this intent form is NOT a COBRA enrollment form and I will be contacted directly by the university's third party COBRA administrator to make my COBRA election.

I understand and agree: As a participant in the Academic Staff Retirement Buy-out, if I am electing to enroll in a retiree medical insurance plan (excludes Community Blue and Total Health Care), I will receive the same university subsidy provided to me as an active employee. This subsidy is not available to those who have entered into other employment with an employer who offers a subsidized medical insurance program. During the three-year period of my early retirement, the university medical insurance plan will remain the primary plan only until I reach the age of Medicare eligibility, at which time the university medical insurance plan will be secondary to Medicare. At the time of Medicare eligibility, I will have the option of enrolling in the university's retiree medical insurance program with the active employee subsidy amount applied to the retiree medical insurance rate during the remainder of the three-year period. For any covered dependent that reaches the age of Medicare eligibility prior to the early retiree, the university subsidy will be discontinued. The dependent will not be eligible for coverage under a university medical insurance program until the early retiree reaches the age of Medicare eligibility and elects retiree medical coverage. I will be invoiced by the university's third party administrator for my premium on a monthly basis. I must make the full monthly payment by the first of the month for the given month's coverage. If I fail to make timely payments, the university will cancel my coverage retroactive to the last day of the month for which a payment was received and will proceed with any legal methods available to collect money due the university. If I wish to cancel coverage, I must provide written notice to the HR Service Center via a termination letter or the Medical Plan Termination Form for Retirees, Surviving Spouses and LTD Recipients. I will notify the HR Service Center of any change of address.

All enrollment forms are online: <https://hr.wayne.edu/tcw/forms>

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| Signature | Date |