



DECLINATION OF COVERAGE FOR RETIREES

I, _____, understand that as a retiree of _____ School District, I am eligible to continue the same district coverage that active employees enjoy. If I decline district coverage, I may enroll in one of the SISC Individual Retiree Plans if offered by my school district. If I enroll in a SISC Individual Retiree Plan, I give up my right to enroll in district coverage at any subsequent date. If I do not elect SISC coverage, my spouse/dependents may not participate in any SISC coverage. If I do not enroll in dental and/or vision coverage at the time of my retirement, I may not enroll in dental and/or vision at any subsequent date.

I have chosen to enroll in the following product(s) and the enrollment form(s) for me and my eligible dependent(s) is/are attached:

CompanionCare (a Medicare Supplement)

Health Net Seniority Plus

Kaiser Permanente Senior Advantage

Or

Dental and vision only

Dental only

Vision only

Or

I decline any and all coverage offered by SISC Effective Date: _____

I understand that by declining district coverage and the individual retiree plan coverage offered through SISC, that I give up my right to enroll in any SISC coverage at any subsequent date. I further understand that my decision is irrevocable.

Retiree Signature: _____ Date: _____

For district use only. Please do not forward to SISC.