

Tulsa Community College Pre-65 Enrollment Form

Return Form to:

Tulsa Community College
Human Resources
909 South Boston Ave
Tulsa, OK 74119



Member Information: Please complete the information below.

Retiree Social Security Number	Last Name, First Name, M.I.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Gender
Permanent Residence Street Address	City, State ZIP Code	Home Phone ()	Date of Birth MM/DD/YYYY

Medical Plan Options Please check box indicating if you will drop your medical plan or circle plan election to continue coverage.

BCBS Medical Plans Monthly Premiums Drop

	BluePreferred PPO \$500	BlueLincs HMO	BlueAdvantage PPO NEW!
Retiree Only	\$765.50	\$754.54	\$698.70
Retiree + Spouse	\$1,377.94	\$1,358.18	\$1,257.68
Retiree + Child	\$1,459.56	\$1,438.66	\$1,332.18
Retiree + Children	\$1,938.90	\$1,911.08	\$1,769.70
Retiree + Spouse + Children	\$2,373.10	\$2,339.06	\$2,165.98

Dental Plan Options Please check box indicating if you will keep(circle plan election if wanting to change current election) or drop coverage.

<input type="checkbox"/> Drop <input type="checkbox"/> Keep	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Blue Cross Blue Shield Dental LOW PLAN OPTION	\$19.38 monthly	\$38.78 monthly	\$51.38 monthly	\$78.12 monthly
Blue Cross Blue Shield Dental HIGH PLAN OPTION	\$38.46 monthly	\$76.84 monthly	\$100.30 monthly	\$152.96 monthly

Vision Plan Options Please check the box indicating if you will keep/add (circle plan election if wanting to change/add current election) or drop coverage.

<input type="checkbox"/> Drop <input type="checkbox"/> Keep/Add	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
MetLife Vision LOW PLAN OPTION	\$ 8.06 monthly	\$16.14 monthly	\$17.24 monthly	\$27.56 monthly
MetLife Vision HIGH PLAN OPTION	\$13.62 monthly	\$27.28 monthly	\$29.16 monthly	\$46.60 monthly

Complete Back Portion

Dependent Information—Please list dependents including your spouse if enrolling in other plans.

Plan Election Summary

Family Info	Last Name, First Name, M.I.	Relationship to Retiree	Sex M/F	Birth date MM DD YYYY	Social Security Number	Circle Coverage Elected for Each		
						Health	Dental	Vision
SP				/ /		Keep/Drop	Keep/Drop	Keep/Add/Drop
C1				/ /		Keep/Drop	Keep/Drop	Keep/Add/Drop
C2				/ /		Keep/Drop	Keep/Drop	Keep/Add/Drop
C3				/ /		Keep/Drop	Keep/Drop	Keep/Add/Drop

Voluntary Life

Please check the box indicating the plan/coverages you are electing.

Retiree: Current life insurance? Keep Drop Reduce \$ _____ (\$1,000 Increments, maximum \$200,000)

Beneficiary Designation - Voluntary Life

	Last name, First name, M.I.	Date of Birth	SSN	Relationship	Mailing Address	Phone Number	Percentage
Primary							
Primary							
Contingent							
Contingent							

I acknowledge that these elections will be in force from January 1, 2024 through December 31, 2024, unless I have a qualifying event change and notify [Tulsa Community College](#) within 30 days from the date of the event. I understand I must abide by the provision of each plan as contained in the plan benefit guides. By signing below, I represent that all the information I have listed is true and complete to the best of my knowledge and belief. I acknowledge that any material misstatements or omissions of information that are made on this application may be the basis for later withdrawal of insurance coverage or denial of benefits incurred during my or my dependent's coverage.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Retiree Signature (Required)	Retiree E-mail Address	Date (MM/DD/YYYY)
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Every effort has been made to ensure that the information in this statement is accurate; however no warranty of complete accuracy is made. This report does not in any way constitute a contract of employment. Tulsa Community College reserves the right to amend pay and benefits at any time without notice. If you feel an error has been made or have any questions, please contact Human Resources.