City of SACRAMENTO
Department of Human Resources

RETURN FORM VIA MAIL:
City of Sacramento
Benefit Services
915 I Street, Plaza Level
Sacramento, CA 95814-2604

2022 Open Enrollment is October 4, 2021 - October 29, 2021!

First Name _____ Last Name _____

_____ CalPERS or _____ SCERS (mark your retirement system)

☐ **I am NOT making changes to the benefits listed above**. *Complete remainder of this page, sign, and return. Do not fill out back of form.*

☐ **I am making changes to the benefits listed above.** *Complete **BOTH** sides of this form. Only fill out the sections that you are changing on the back of this form. Provide a brief description of the changes you need to make below. Example: I am dropping a dependent from medical/I am changing my medical plan/I am adding dental, etc.*

Changes Summary

Contact Information (Retiree) – REQUIRED ☐ **Check here if this is a new address**

Address	City	State	Zip
Home Phone	Cell Phone	Email	

Alternate Contact – REQUIRED

Name	Relationship
Phone	Email

Dependent Information – REQUIRED if plan lists dependents above or if adding new dependents

1. Full Name		Relationship ☐ Spouse ☐ Child	Gender ☐ M ☐ F	Medical ☐ Add ☐ Remove Dental ☐ Add ☐ Remove Vision ☐ Add ☐ Remove
SSN	DOB	Disabled ☐ Yes ☐ No		
2. Full Name		Relationship ☐ Spouse ☐ Child	Gender ☐ M ☐ F	Medical ☐ Add ☐ Remove Dental ☐ Add ☐ Remove Vision ☐ Add ☐ Remove
SSN	DOB	Disabled ☐ Yes ☐ No		
3. Full Name		Relationship ☐ Spouse ☐ Child	Gender ☐ M ☐ F	Medical ☐ Add ☐ Remove Dental ☐ Add ☐ Remove Vision ☐ Add ☐ Remove
SSN	DOB	Disabled ☐ Yes ☐ No		

Retiree Signature _____ **Date** _____

Signature required for City to process form.

ONLY COMPLETE THIS PAGE IF YOU SELECTED "I am making changes to the benefits listed above" ON FRONT OF FORM

1. MEDICAL

Changes:	Non-Medicare Plans:	Medicare Plans:	Coverage Level:
☐ Remove Coverage	☐ Kaiser Permanente	☐ Kaiser Senior Advantage $20	☐ Retiree only
☐ Enroll/Edit Coverage	☐ Western Health Advantage	☐ UnitedHealthcare $15	☐ Retiree & 1 Dependent*
☐ Enroll in Cash In-Lieu *(Please see Cash In-Lieu box below)*	☐ Sutter Health Plus Co-Pay Options: ☐ $25 ☐ $40	***Note:* If selecting a Medicare plan please attach a copy of your Medicare card (and spouse's if applicable).** 	☐ Retiree & 2+ Dependents*

2. DENTAL

Changes:	Dental Plans:	Coverage Level:
☐ Remove Coverage	☐ Delta Care DMO	☐ Retiree only
☐ Enroll/Edit Coverage	☐ Delta Dental PPO	☐ Retiree & 1 Dependent*
		☐ Retiree & 2+ Dependents*

3. VISION

Changes:	Vision Plans:	Coverage Level:
☐ Remove Coverage	☐ VSP Basic	☐ Retiree only
☐ Enroll/Edit Coverage	☐ VSP Enhanced	☐ Retiree & 1 Dependent*
		☐ Retiree & 2+ Dependents*

If you have selected coverage level of Retiree & 1 Dependent or Retiree & 2+ Dependents, please make sure dependent information is listed on page 1

Cash In-Lieu

If you receive a retiree health contribution from the City, you may request a monthly reimbursement from the City of Sacramento for individual medical premiums.

If you select dental and/or vision coverage with the City of Sacramento the monthly premium(s) will be subtracted prior to calculating your cash in-lieu reimbursement amount.

If electing cash in-lieu for 2022, additional information and forms will be mailed to you for completion.

Important Reminders

Proof documentation for dependent eligibility is due by November 12, 2021.

If you need to complete a carrier enrollment form, the form will be mailed to you after we have reviewed your OE form. Carrier enrollment forms must be completed and mailed back to Benefit Services as soon as possible, but no later than December 3, 2021.

Return This Completed Form by October 29, 2021

Mail:
City of Sacramento
Benefit Services
915 I Street, Plaza Level
Sacramento, CA 95814

Questions?
Call 916-808-5665
Email retireeOE@cityofsacramento.org

Visit us online at
www.cityofsacramento.org/HR/Divisions/Benefits-Retirement