

**BOARD OF EDUCATION OF WICOMICO COUNTY
HEALTH INSURANCE ENROLLMENT FORM FOR RETIREES**

*In addition to completing this enrollment form, you must also complete
and attach a CareFirst membership application to this form.*

A retiring employee will be eligible for a contribution toward his/her individual health insurance plan providing that the employee meets the following criteria:

1. He/she has completed at least **ten (10)** years of employment with the Board if retiring July 17, 2007 or later **OR** he/she has completed at least **fifteen (15)** years of employment with the Board if retiring prior to July 17, 2007.
2. He/she enters retirement directly from service with the Board: and
3. He/she was enrolled in the group health insurance program immediately prior to the time of retirement.

September 1, 2007

Option 1

With \$5/25/40 Prescription Drug Program

Retiree Health Insurance Rates without a Board Contribution		
CHOOSE ONE	2007-2008 MONTHLY RATE	2007-2008 ANNUAL COST
<input type="checkbox"/> Individual Coverage	\$ 518.00	\$ 6,216.00
<input type="checkbox"/> Retiree/Child Coverage	\$ 935.00	\$ 11,220.00
<input type="checkbox"/> Retiree/Spouse Coverage	\$1,198.00	\$ 14,376.00
<input type="checkbox"/> Family Coverage	\$1,380.00	\$ 16,560.00
<input type="checkbox"/> 65 or Older	\$ 413.00	\$ 4,956.00

Option 2

Vision and Dental Coverage

If you have enrolled in the medical plan above, you may also elect to enroll in the Vision and Dental Program for the same level of coverage selected in Option 1

Retiree Health Insurance without a Board Contribution		
CHOOSE ONE	2007-2008 MONTHLY RATES	2007-2008 ANNUAL COST
<input type="checkbox"/> Individual Coverage	\$ 25.00	\$ 300.00
<input type="checkbox"/> Retiree/Child Coverage	\$ 45.00	\$ 540.00
<input type="checkbox"/> Retiree/Spouse Coverage	\$ 58.00	\$ 696.00
<input type="checkbox"/> Family Coverage	\$ 67.00	\$ 804.00

Payments are due monthly for a total of 12 payments each year.

Total cost of benefits you selected (sum of Option 1 plus Option 2 if selected). \$ _____
I understand the above selection(s) may not be modified from 09/01/07 through 8/31/08.

Date

Signature

Please Print