



Post-Retirement Insurance Election

As a Tuolumne County retiree, you have the option to continue current enrollment in medical, dental, vision and life insurance plans at your own expense. Please return this form to Barbi Plowman (533.6988) in the Human Resources department no later than three (3) weeks prior to your retirement.

Name: _____ Employee ID: _____

I am retiring from Tuolumne County, with my last paid day of employment being _____.
My retirement date (At least one day later than my last paid day of employment) _____.

Insurance Election

- I elect not to continue any of my insurance plans into retirement. I understand that I will have no future opportunity to enroll in the dental/vision and life plans.
- I elect to continue the following insurance plans into retirement:
- Medical
 - Dental
 - Vision
 - Life Insurance Portability or Conversion -or-
 - \$3,000 Retiree Group Life Insurance -Decreases to \$1,800 at age 70 and \$1,200 at age 75

I understand that my premiums are due on the first day of each month. If HR does not receive payment by the last day of the month in which premiums are due, the insurance will be terminated and I acknowledge that I will not be eligible to re-enroll.

Initial: _____

Pre-tax Cash Out Option

- I would like to roll my leave accrual cash out from my final paycheck into my _____ 457 plan. The maximum amount that you may contribute is determined by the IRS and may change year to year.
- Please roll \$ _____ from my final check into my 457 account.

Signature: _____ Date: _____ Phone: _____

Monthly statements will be emailed to you approximately 15 days prior to due date.

Please provide email address: _____