



DECLINATION OF COVERAGE FOR RETIREES

I, _____ (print name) understand that as a retiree of Yosemite Community College 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/domestic partner/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 forms(s) for me and my eligible dependent(s) is/are attached.

- ☐ Blue Shield Medicare Advantage
- ☐ CompanionCare Medicare Supplement
- ☐ 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 this decision is irrevocable.

Retiree Signature: _____ Date: _____

For District use only – please do not forward to SISC