Retiree Election Form

Elections can be faxed to 404-894-6978 OR postmarked by Nov. 11, 2016.

Mail to: Georgia Tech Benefits, 500 Tech Parkway NW, Atlanta, GA 30332-0435

Last Name               First Name              MI              Customer ID

Gender                     Date of Birth                      Social Security Number     Phone Number

INSTRUCTIONS:
1. Only complete and return this election form if you wish to make changes to your 2017 benefits elections.
2. If changing plans, select the plan name and appropriate coverage level. All covered dependents must be listed in Dependent Information section on Page 2.
3. Sign and date the form.

NOTE: You may only make changes to your current enrollment(s); you may not elect new coverage.

Dental  <65  65+

Coverage Level | ☐ Delta Dental Base Plan | ☐ Delta Dental High Plan | ☐ Delta Dental HMO
Retiree Only | $31.06 | $39.04 | $18.00
Retiree + Child(ren) | $60.00 | $74.16 | $37.54
Retiree + Spouse | $63.18 | $78.04 | $36.18
Retiree + Family | $101.06 | $124.90 | $60.42
Waive Coverage | - | - | -

Vision  <65  65+

Coverage Level | EyeMed Vision
Retiree Only | $6.38
Retiree + Child(ren) | $12.14
Retiree + Spouse | $14.38
Retiree + Family | $18.84
Waive Coverage | -
### Non-Medicare Medical (under age 65)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Comprehensive Care</th>
<th>Consumer Choice HSA</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$177.00</td>
<td>$74.00</td>
<td>$195.04</td>
<td>$152.26</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>$211.64</td>
<td>$88.72</td>
<td>$231.46</td>
<td>$181.40</td>
</tr>
<tr>
<td>1 Child Only</td>
<td>$156.12</td>
<td>$65.48</td>
<td>$170.54</td>
<td>$133.74</td>
</tr>
<tr>
<td>Children Only</td>
<td>$312.24</td>
<td>$130.96</td>
<td>$341.08</td>
<td>$267.48</td>
</tr>
<tr>
<td>Retiree + 1 Child</td>
<td>$333.12</td>
<td>$139.48</td>
<td>$365.58</td>
<td>$286.00</td>
</tr>
<tr>
<td>Spouse + 1 Child</td>
<td>$367.76</td>
<td>$154.20</td>
<td>$402.00</td>
<td>$315.14</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$388.64</td>
<td>$162.72</td>
<td>$426.50</td>
<td>$333.66</td>
</tr>
<tr>
<td>Family (Retiree + Spouse + Children)</td>
<td>$536.70</td>
<td>$224.70</td>
<td>$589.00</td>
<td>$460.74</td>
</tr>
<tr>
<td>Family (Retiree + Children)</td>
<td>$536.70</td>
<td>$224.70</td>
<td>$589.00</td>
<td>$460.74</td>
</tr>
<tr>
<td>Family (Spouse + Children)</td>
<td>$536.70</td>
<td>$224.70</td>
<td>$589.00</td>
<td>$460.74</td>
</tr>
<tr>
<td>Waive Coverage</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pre-65 Medicare-eligible Medical (under age 65)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Comprehensive Care</th>
<th>Consumer Choice HSA</th>
<th>BlueChoice HMO</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree or Medicare Spouse Only or Medicare Child Only 26+</td>
<td>$138.24</td>
<td>$74.00</td>
<td>N/A</td>
<td>$111.24</td>
</tr>
<tr>
<td>Retiree or Medicare Spouse + 1 Child</td>
<td>$294.36</td>
<td>$139.48</td>
<td>N/A</td>
<td>$244.98</td>
</tr>
<tr>
<td>NonMedicare Retiree + Medicare Spouse</td>
<td>$315.24</td>
<td>$148.00</td>
<td>$426.50</td>
<td>$263.50</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$276.48</td>
<td>$148.00</td>
<td>N/A</td>
<td>$222.48</td>
</tr>
<tr>
<td>Family (NonMedicare Retiree + Medicare Spouse + Children)</td>
<td>$471.36</td>
<td>$213.48</td>
<td>$589.00</td>
<td>$397.24</td>
</tr>
<tr>
<td>Retiree + NonMedicare Spouse</td>
<td>$349.88</td>
<td>$162.72</td>
<td>N/A</td>
<td>$292.64</td>
</tr>
<tr>
<td>Family (Retiree + NonMedicare Spouse + Children)</td>
<td>$506.00</td>
<td>$228.20</td>
<td>N/A</td>
<td>$426.38</td>
</tr>
<tr>
<td>Family (Retiree + Children)</td>
<td>$432.60</td>
<td>$213.48</td>
<td>N/A</td>
<td>$356.22</td>
</tr>
<tr>
<td>Family (Spouse + Children)</td>
<td>$432.60</td>
<td>$213.48</td>
<td>N/A</td>
<td>$356.22</td>
</tr>
<tr>
<td>Family (Retiree + Spouse + Children)</td>
<td>$432.60</td>
<td>$213.48</td>
<td>N/A</td>
<td>$356.22</td>
</tr>
<tr>
<td>Waive Coverage</td>
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</table>

### Dependent Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>DOB</th>
<th>Sex</th>
<th>Relationship</th>
<th>SSN</th>
<th>BlueChoice HMO Physician ID</th>
<th>Enroll Medical</th>
<th>Enroll Dental</th>
<th>Enroll Vision</th>
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</thead>
<tbody>
<tr>
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Retiree Signature: ___________________________ Date: ______________