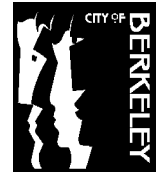


City of Berkeley
Retiree Health Premium Assistance Plan
Enrollment Form
(Submit this form to the Human Resources Department)



Employee Last Name:		First Name:	
Social Security No.:		Employee No.	
Date of Birth:		Sex:	
Retirement Date:		Age at Retirement:	
Name of Spouse/Domestic Partner:			
Social Security No.:		Date of Birth:	Sex:
Address:			
Phone No.:		E-mail:	
Name of Health Insurance Plan: Kaiser / Sutter / Kaiser Sr. Advantage / COBRA Other:			
Employee Signature:			Date:

Note: If you do not maintain continuous health insurance coverage, you could lose future access to this Retiree Medical benefit. If you move or have any other changes, please notify:

KAISER / SUTTER / KAISER SR.
ADVANTAGE / Federal COBRA:

Voya | Benefit Strategies
 PO Box 929
 Manchester, NH 03105
 (833) 232-4673

Cal- COBRA or Individual Plans
Health Reimbursement Account:

MidAmerica
 (855) 329-0095

To Be Completed by the City of Berkeley – Human Resources

Job Title: _____ Service Date: _____ Term Date: _____

Union: _____ Bargaining Unit: _____ Group Code*: _____

COB CalPERS Service Credit as of Termination Date: ____y____m Eligible Benefit**: _____%

Exec. Mgmt Only: Total CalPERS and/or 37 Act County Service: _____ Eligible Benefit: _____%

Benefit Effective Date: _____ Benefit Amount: \$ _____ (1 party) \$ _____ (2 party)

Approved: _____ Date: _____

***Group Codes:** IBEW – M1, Local 1 – M2, SEIU MC – M3, SEIU CSU – M535 (M4 – REC.), UNREP Z1 – MU1, UNREP – MU2, FIRE – F1, POLICE – P1

****Benefit %:** NON-SAFETY: 8yrs-30%, 9yrs-40%, 10yrs-50%, 11yrs-58%, 12yrs-66%, 13yrs-74%, 14yrs-82%, 15yrs-90%, 16yrs-92%, 17yrs-94%, 18yrs-96%, 19yrs-98%, 20+yrs-100%;
 BPA: 10yrs-25%, 15yrs-50%, 20yrs-100%; FIRE: 10yrs-25%, 15yrs-50%, 20yrs-75%, 25+yrs-100%