



DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: Human Resources

RE: ALG Optional Retirement Benefits

Under Management Policy Article VI.H, I choose one (1) of the following retirement options: **NOTE: Kaiser Members who move out of state may be required to change medical plans.**

- 1. Ten (10) years of medical and vision for employee and spouse with choice of:
  - a. Ten (10) years of dental for employee and spouse, **or**
  - b. \$250 per year of service to the District to a maximum of 25 years. The amount I am entitled to is: \$ \_\_\_\_\_
- 2. Eight (8) years of medical for employee and spouse with the lowest premiums at the time of retirement , 8 years of dental for employee and spouse (annual maximum of \$1,500 and no orthodontia coverage) and 8 years of vision for employee and spouse and \$5,000 payment at the end of the first year of retirement.
- 3. Five (5) years of medical, dental and vision for employee and spouse and \$10,000 payable to the employee in the sixth and seventh years in \$5,000 installments (at the end of each fiscal year).
- 4. No health and welfare benefits provided but will receive \$20,000 in the first through the fourth years in \$5,000 installments (at the end of each fiscal year).

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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***Please complete the following regarding Medicare Part B:***

Are you eligible for Medicare Part B benefits now? YES NO

Are you eligible for Medicare Part B benefits in the future? YES NO

If Yes, what is the effective date? \_\_\_\_\_

**I understand that it is my responsibility to notify the District when I enroll in Medicare.**

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_