



CITY OF WORCESTER INTENTION TO RETIRE

EMPLOYEE INFORMATION:

Employee Name _____
 Street Address _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Social Security Number _____ Date of Birth _____
 Department _____ E-mail address _____
 Date of Retirement _____ Home Phone # _____

Medicare Information for YOURSELF:

Are you eligible? Y or N Are you enrolled? Y or N Number on Medicare Card: _____
 Effective Date of Part A: _____ Effective Date of Part B: _____

*** If ELIGIBLE upon your retirement, you must enroll in Medicare and switch to a Medicare Supplement.**

SPOUSE INFORMATION:

Name of Spouse _____
 Social Security Number of Spouse _____ Date of Birth _____

Medicare Information for YOUR SPOUSE:

Are you eligible? Y or N Are you enrolled? Y or N Number on Medicare Card: _____
 Effective Date of Part A: _____ Effective Date of Part B: _____

Check all of the benefits that you now have, that you would like to continue carrying through your retirement. If you are canceling a benefit, you must complete a form and bring it to the Benefits Office, Room 101, City Hall

I wish to continue the following benefits as provided by the City of Worcester:

	YES	NO	N/A
Health Insurance (BCBS or Fallon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance (Altus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Life (Plan A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Ins. (Plan B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Life (Plan C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can continue your Basic Life and Optional Life (Optional terminates at age 75) through your retirement, however if you are canceling your life insurance, please include a brief note of request and return with this form.

Employee Signature

Date

Please return completed form to: City of Worcester Benefits Office
 455 Main Street – Room 101
 Worcester, MA 01608

*General Laws of Massachusetts – Chapter 32B, Section 18 “Medicare extension plans; mandatory transfer of retirees”

All retirees, their spouses and dependents insured or eligible to be insured under this chapter, if enrolled in Medicare Part A...or eligible for coverage shall be required to transfer to a Medicare Extension plan. If a retiree does not submit the information required, he shall no longer be eligible for his existing health coverage.