

SANFORD SCHOOL DEPARTMENT RETIREE APPLICATION

A. Name: _____ SS#: _____
Address: _____ Position: _____
_____ Date of Birth: _____
Phone: _____ Date First Employed: _____
Date Last Employed*: _____

**Teachers/Ed Techs use last day covered under your contract for benefits*

B. Are you eligible to retire now into the Maine Public Employees Retirement System (MEPERS)?

NO _____ YES _____ If Yes, have you met with MEPERS to get your Preliminary Benefit?

If No, you will need to notify Sanford School Department when you reach "normal retirement age" if you want to re-enter the Sanford School Dept's health insurance programs to be eligible for the 60% single-premium state share available to Teacher Plan retirees.

L.D. 1955 allows a teacher member who has at least 25 years of creditable service and who on or after January 1, 1999, terminates employment under which the member was eligible for the group health plan, but does not retire at that time, to make a one-time election to continue coverage from the date of termination until retirement by paying the cost of coverage and allows a teacher member who has at least 25 years of Creditable service and who on or after January 1, 1999, retires but who is not in service immediately prior to retirement to make a one-time election at retirement to rejoin the group health plan.

If Yes, which plan? () Teacher Plan () Participating Local District

Teacher Plan = Teachers, Ed Tech II/IIIs, as well as Administrators with Certification

Participating Local District = Custodians, Secretaries, Food Service and Miscellaneous Employees

C. Have you met your Normal Retirement Age (NRA)? No _____ Yes _____

*Teacher Plan Retirees will only receive the 60% single-premium state share **IF** they have met their NRA.*

PLD Retirees are never eligible for state-sharing of health insurance.

D. Will you be drawing a MEPEP's retirement check? No _____ If Yes, when: _____

E. Will you be continuing to take a Sanford School Dept health insurance program after you retire? NO YES

If Yes, See Separate Sheet to select Health Insurance Plan and Coverage Level

F. Are you eligible for Medicare? No _____ Yes _____*

* You must have Medicare Parts A&B in order to access the Medicare Advantage Plans (Aetna or MEA Group Medicare Advantage). Attach a copy of your Medicare Card.

G. Do you want your health premium deducted from your MEPERS check? No _____ Yes _____

If No, Harvard Pilgrim/Aetna/Anthem will bill your premium individually; due by the first day of each month.

In order to receive the 60% single-premium state share, premium must be deducted from your MEPERS check.

Dental Insurance is administered by MSMA - they contact you to discuss your options once your benefits end with the SSD.

Employee Signature

Date