

Health Insurance Selection

Name: _____ Age: _____ DOB: _____

Retirement Date: _____ Union: _____

Length of Service with Dutchess County and Dutchess Community College only: _____

Has this been confirmed with HR? Yes No

Current Health Insurance Plan: _____ Individual Family

Plan selected for retirement: _____ Individual Family

Medicare eligible: Yes No Dependent Medicare eligible: Yes No

Name and DOB of Dependents that will be on your plan, 1 per line:

Questions or concerns for Risk Management:
