



# Providence School Department

## Retiree Option Form

Administrators & Teachers – Age 65+

In accordance with Federal Law Medicare Parts A and B will be the primary carrier and Blue Cross Blue Shield of Rhode Island will be the secondary carrier. If you choose Plan 65, you must have Medicare Parts A and B. If you have specific questions about the coverage, please contact Blue Cross and Blue Shield of Rhode Island.

Please make checks/money orders payable to the Providence School Department and include your Account # on each check.

### Retiree Information

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

\_\_\_\_\_ **Account #** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Retiree Options	Monthly Cost	Select (√)
Plan 65 only	\$0.00	
Plan 65 with Dental \$1,200 Max	\$37.88	
Plan 65 with Dental \$1,800 Max	\$39.77	
Blue Chip for Medicare only	\$0.00	
Blue Chip for Medicare with \$1,200 Max Dental	\$37.88	
Blue Chip for Medicare with \$1,800 Max Dental	\$39.77	
Dental Only \$1,200 Max	\$37.88	
Dental Only \$1,800 Max	\$39.77	

\_\_\_\_\_  
**Retiree Signature**

\_\_\_\_\_  
**Date**

### Spouse Information

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

\_\_\_\_\_ **Phone #** \_\_\_\_\_

Spouse Options	Monthly Cost	Select (√)
Plan 65 only	\$176.11	
Plan 65 with \$1,200 Max Dental	\$213.99	
Plan 65 with \$1,800 Max Dental	\$215.88	
Blue Chip for Medicare only	\$176.00	
Blue Chip for Medicare with \$1,200 Max Dental	\$213.88	
Blue Chip for Medicare with \$1,800 Max Dental	\$215.77	
Dental Only \$1,200 Max	\$37.88	
Dental Only \$1,800 Max	\$39.77	

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**