Sacramento<sup>s</sup>

SUBJECT: TEACHER

**OPT OUT PLAN** 

2024-25 NO. BS - 15

TO:

DATE: Oc

**School District** 

October 1, 2024

PREPARED BY: Keyshun Marshall,

<u>Keyshun Marshall.</u> **DEPARTMENT:** Director II

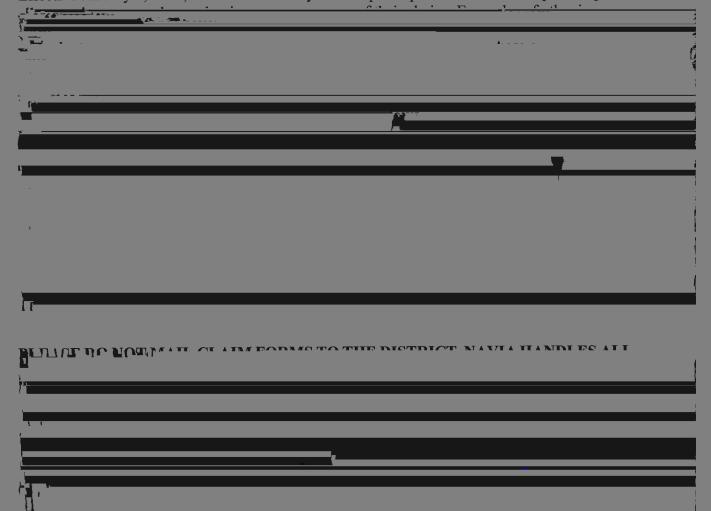
Risk Management /

Employee Health

**REVIEWED BY:** 

**APPROVED:** 

Effective January 1, 2025, SCTA retirees may elect to participate in the Retiree Opt Out option, which



## ^š v Œ Z √P,RE•NŠI⊎MSONLY

Participant Information –Instructions or filling out this form are on the back othis page

•				
RetireeLast Name, First Name	Retiree SSN	(Use o ∙š ð	] P ] š • if emailin	ıg for
Eligible Depender(s) Last Name, First Nam Relation	Dependent SSN	(Use last 4 digi	ts if emailing foi)m	
EmployerName	Email Address			

W Œ u] μ u Inform	nation(}Œ D}všZo	Ç^švŒ	Z    √  µ • š − Instructions for filling out this fo	orm a
Add, Remove	Policy Type	ForWhom	Policy Start Monthly (Self Spouse etc. or EndDate Premium	

## INSTRUCTIONS FORMPLETING THIS FORM

Accountholde/Participant Information

RetireeLastName, First Name: Enterthe last name and first name of the Retiree\*

Retiree SSN ID#: Enterthe Retiree's employee IDor social securitynumber. UseID# } Œ • š ð ] P] š • ^ } Æ € } µ Œ mailing this form.

Eligible Dependent(s) at Name, First Name, Relation: Enter thelast name and first name of the eligible dependent then indicate the dependent srelation to the retiree, such as "Spouse," or "Child"

Dependent SSNEnterthe Dependent'ssocial securitynumber. Uselast 4 digits if e-mailing this form.

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