LE MOYNE
SPIRIT. INQUIRY. LEADERSHIP. JESUIT.

Office of Human Resources
1419 Salt Springs Road
Phone: 315.445.4155
Fax: 315.445.6023

Post-65 Retiree (and Spouse) Benefit Form

Name: _____ SSN: _____

Address: _____

City, State Zip: _____

Date of Birth: _____ Gender: _____

Email Address: _____ Phone #: _____

Medicare # (if applicable): _____ Part A Effective: _____ Part B Effective: _____

Please check coverage type and person(s) to be covered:

☐ Medical:
- ☐ Aetna PPO Medicare Advantage
- ☐ Aetna PPO-ESA Medicare Advantage (Extended Service Area)
- ☐ Waive coverage effective: _____

*Please note: Once health insurance is waived you will not be eligible to enroll at a later date.

☐ Dental: ☐ Individual ☐ Waive coverage effective: _____

*Please note: Once dental insurance is waived you will not be eligible to enroll at a later date.

Retirees who retired on or after July 1, 2010 have access to a **Premium Reimbursement Account** which is administered through EBS-RMSCO, Inc.

Depending on your "points" (age + length of service) at retirement you will be reimbursed 50% or 65% of your Aetna premium. Please elect how you would like to be reimbursed:

☐ I would like to submit Reimbursement Requests to EBS-RMSCO, Inc for my reimbursement
☐ I would like automatic monthly reimbursements

Participant Signature: _____ Date: _____

To be completed by the employer:
Effective date: _____

Benefit Log: _____ Delta Dental: _____
Aetna: _____ EBS-RMSCO: _____