



## **2024 Retiree Benefit Election Worksheet (Post-65)**

### **Medical Option:**

### **Monthly Amount:**

Empire BC/BS MediBlue Freedom (PPO)

\$ 296.40

Own Coverage

\$

### **Dental Options:**

Delta Gold

\$ 33.42

Delta Silver

\$ 31.73

Delta Bronze

\$ 31.73

Own Coverage

\$

### **Vision Option:**

Empire Blue View Vision

\$ 5.52

Own Coverage

\$

Please circle the plan(s) that you would like to elect, insert an election total and your monthly contribution amount below. The HVCU monthly contribution toward your election(s) is indicated below.

Election Total

\$\_\_\_\_\_

HVCU Contribution

\$ -300.00

Your Monthly Contribution

\$\_\_\_\_\_

Please enter the HVCU account from which the contribution is to be withheld here:

\_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_