



Washington Teachers' Union

FULFILLING THE COMMITMENT TO BUILD GREAT MINDS

NEW RETIREE MEMBERSHIP AND BENEFITS APPLICATION

Complete this form if you have retired or plan to retire in the calendar year 2021

PERSONAL INFORMATION

Full Name: _____

Address: _____
Street Address

City *State* *ZIP Code*

Male _____ Female: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____

SSN: _____
(Required only if enrolling in health benefits)

Birth Date: _____ Retirement Date: _____

If you retire after January 1, 2021 and wish to continue your Dental / Vision coverage until the end of year 2021, you must join the WTU - Retiree Chapter to become eligible to enroll in Dental and Vision benefits.

Dental / Vision premium rates are prorated from your retirement date to December 31, 2021.

2021 WTU RETIREE CHAPTER DUES

Retiree Chapter Membership Dues \$55

*Please note, you **MUST** pay retiree dues to be eligible for Dental and/or Vision benefits.

2021 VISION and DENTAL BENEFITS - Prorated

2021 VISION Prorated Premiums	
Check Month to Begin Coverage	PREMIUM
January	\$ 264.48
February	\$ 242.44
March	\$ 220.40
April	\$ 198.36
May	\$ 176.32
June	\$ 154.28
July	\$ 132.24
August	\$ 110.20
September	\$ 88.66
October	\$ 66.12
November	\$ 44.08
December	\$ 22.04

2021 DENTAL Prorated Premiums		
Check Month to Begin Coverage	SINGLE PREMIUM	FAMILY PREMIUM
January	\$ 497.28	\$ 994.56
February	\$ 455.84	\$ 911.68
March	\$ 414.40	\$ 828.80
April	\$ 372.96	\$ 745.92
May	\$ 331.52	\$ 663.04
June	\$ 290.08	\$ 580.16
July	\$ 248.64	\$ 497.28
August	\$ 207.20	\$ 414.40
September	\$ 165.76	\$ 331.52
October	\$ 124.32	\$ 248.64
November	\$ 82.88	\$ 165.76
December	\$ 41.44	\$ 82.88

INDICATE (CIRCLE) PLAN TYPE:

IN-NETWORK ONLY

PPO PLAN

TOTAL 2021 Coverage Cost = _____ (ADD: \$55 Dues + Dental Premium + Vision Premium)

Notice: You are required to sign-up for membership in the WTU Retiree Chapter along with Vision and Dental benefits during open enrollment for the year 2020.

THIS IS NOT A HEALTH INSURANCE PLAN. THIS PLAN COVERS ONLY DENTAL AND/OR VISION BENEFITS, DEPENDING ON YOUR ELECTION.

2021 FAMILY/DEPENDENT INFORMATION

Dependent 1

Full Name: _____
Last *First* *MI*

SSN: _____ - _____ - _____

Relationship: Spouse Child Domestic Partner Child of Domestic Partner

Date of Birth: _____ Male Female

Disabled? YES NO

Full Time Student? YES NO

****Verification:** Please attach a copy of one of the following forms of verification

Child: Birth certificate
Adopted child: Adoption certificate
Spouse: Marriage certificate
Child of domestic partner: Marriage certificate and birth certificate

Dependent 2

Full Name: _____
Last *First* *MI*

SSN: _____ - _____ - _____

Relationship: Spouse Child Domestic Partner Child of Domestic Partner

Date of Birth: _____ Male Female

Disabled? YES NO

Full Time Student? YES NO

****Verification:** Please attach a copy of one of the following forms of verification

Child: Birth certificate
Adopted child: Adoption certificate
Spouse: Marriage certificate
Child of domestic partner: Marriage certificate and birth certificate

Dependent 3

Full Name: _____
Last *First* *MI*

SSN: _____ - _____ - _____

Relationship: Spouse Child Domestic Partner Child of Domestic Partner

Date of Birth: _____ Male Female

Disabled? YES NO

Full Time Student? YES NO

****Verification:** Please attach a copy of one of the following forms of verification

Child: Birth certificate
Adopted child: Adoption certificate
Spouse: Marriage certificate
Child of domestic partner: Marriage certificate and birth certificate

PAYMENT

Prorated benefits are activated *after* January 1, 2021.

To pay for your benefits you must use a credit / debit card to remit payment for Retiree chapter membership dues, and dental and vision premiums through PayPal.

Check and money order payments are no longer accepted.

To execute this transaction please contact:

Washington Teachers' Union
Membership and Benefits Department - Retiree Benefits
Valerie S. Kilby - 202-517-0728

Please be prepared with your debit or credit card, social security numbers for you and all dependents you wish to include, and documents verifying your dependents as required; (i.e. a marriage certificate, birth certificate, or tax return).