



## *Continuation of Retiree Benefits*

EMPLOYEE ID # \_\_\_\_\_

EMPLOYEE PHONE # \_\_\_\_\_

I, \_\_\_\_\_, hereby elect my right to participate in the City of Dallas retiree health insurance/medical benefits program. I understand that I need to call the Employee Benefits Center at 855-855-2871 to elect my 2020 benefits with the City of Dallas as a retiree.

If I do not contact the Employee Benefits Center within 30 days of my retirement date, the Benefit Service Center will presume that I have waived my retiree coverage with the City of Dallas. I will not be eligible to participate in the City's health coverage in the future.

I further understand that my health benefits will continue on the 1<sup>st</sup> of the following month after my retirement date.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_