

San Jose State University Research Foundation

Retiree Enrollment Form

Please return the completed form to Ashleigh Baker via email at ashleigh.baker@sjsu.edu or mail at: SJSU Research Foundation (Attn: Ashleigh Baker)

One Washington Square
San Jose, CA 95192-0139

If you need assistance, please call (408) 924-1449.

NO ACTION IS NEEDED IF YOU DO NOT WISH TO MAKE ANY CHANGES. If you wish to make changes, you must make them no later than October 31, 2025.

Name

Email Address

Phone Number

Section 1-This section should be completed only if you or your dependent enrolled in Medicare.

Plan Election – Medicare eligible enrollees (Post 65)

Plan Type		Retiree Monthly Contribution	Total Premium	Election
Kaiser Senior Advantage	Single	\$37.31	\$373.08	
	+ 1 dependent	\$74.62	\$746.16	
Anthem Advantage	Single	\$55.72	\$557.19	
	+ 1 dependent	\$111.44	\$1,114.38	

Post 65 Enrollee Information

Name	Date of Birth	Relationship	Social Security Number	Medicare ID number

Section 2: This section only needs to be completed if you or your dependent is not enrolled in Medicare (currently in Basic and Combo plan). Retirees in combination plan, please complete both sections. Retirees in combination plan cannot combine Kaiser with other plans.

Plan Type		Retiree Monthly Contribution	Total Premium	Election
Kaiser Combination Plans	1 with Medicare & 1 without Medicare	\$151.23	\$1,512.33	
	2 with Medicare & 1 without Medicare	\$142.97	\$1,429.71	
	1 Medicare & 2 without Medicare	\$219.59	\$2,195.88	

Plan Election – Non-Medicare eligible enrollees (Pre-65)

Plan Type		Retiree Monthly Contribution	Total Premium	Election
Kaiser	Single	\$113.93	\$1,139.25	
	+1 dependent	\$227.85	\$2,278.50	
	+2 or more dependents	\$296.21	\$2,962.05	
EPO	Single	\$132.83	\$1,328.33	
	+1 dependent	\$265.67	\$2,656.66	
	+2 or more dependents	\$385.22	\$3,852.17	
PPO	Single	\$119.95	\$1,199.47	
	+1 dependent	\$239.89	\$2,398.92	
	+2 or more dependents	\$347.85	\$3,478.45	
HDHP HSA eligible	Single	\$0	\$982.77	
	+1 dependent	\$0	\$1,965.52	
	+2 or more dependents	\$0	\$2,850.01	

Pre-65 Enrollee Information

Name	Date of Birth	Relationship	Social Security Number

Remarks

Retiree Signature

Date