



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

ENROLLMENT FORM  
RETIREE HEALTH FUND  
FOR EMPLOYEES FIRST HIRED ON OR AFTER 7/1/2017

SUBMIT COMPLETED  
FORM TO YOUR AGENCY  
HUMAN RESOURCES/  
PAYROLL OFFICE

CO-1300B (10/2017)

<b>EMPLOYEE INFORMATION</b>	Last Name		First Name, Middle Initial		Employee Number
	Street Address				Job Record Number
	City, State, Zip Code				Social Security Number
	Is Employee healthcare-eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No			Agency Dept. ID	Date of Hire
<b>DEDUCTION</b>	<input type="checkbox"/> OPE15 - 3% of compensation		Pay Period Start Date (Month/Date/Year) ___ / ___ / ___		
	<input type="checkbox"/> OTR15 - TRS members 1.75% of compensation		Employer Share: <input type="checkbox"/> OPER 3% <input type="checkbox"/> OTER 1.75% Start Date: ___ / ___ / ___		
<b>EMPLOYEE ACKNOWLEDGEMENT: I understand that completion of this form is for the purpose of monitoring my obligation to contribute to the Retiree Health Fund for a total of 15 years or until I retire, whichever comes first.</b>					
Employee Signature				Date	
<b>EXEMPTION</b>	<b>Is Exemption Claimed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, identify reason below</b> <input type="checkbox"/> Exempt employee: <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Not Healthcare-Eligible <input type="checkbox"/> Not eligible for Retirement Plan participation <input type="checkbox"/> Other retiree coverage - Attach signed Affidavit (CO-1303) and Waiver (CO-1304)				
	Authorized Agency Signature		Title		Date
Agency Contact (Print Name)		Agency Contact Telephone		Agency Contact Email	
, Human Resources Dept.		(203) 837-8		@wcsu.edu	



CO-1300

Return to OSC, Employee Benefits Unit, Healthcare Policy & Benefit Services Division,  
55 Elm Street, Hartford, CT 06106.



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