



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)

EMPLOYEE INFORMATION	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
DEDUCTION	<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: ___ / ___ / ___	
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.			
Employee Signature		Date	
EXEMPTION	Is Exemption Claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify reason below		
	<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



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



CO-1300B OPEB ENROLLMENT