

Oberlin College Retiree Medical RAMP 2026 Deferral Form

Retiree First & Last Name: _____

T Number (include all 0's) _____

Name(s)	Medical RAMP Deferral	Current Age	Office Use Only

I understand that by signing below, I am declining RAMP retiree health and prescription insurance coverage for myself and any eligible dependents effective January 1, 2026.

I am responsible for paying premiums for coverage through December 31, 2025.

I acknowledge that I will have the opportunity to re-enroll in retiree health and prescription insurance coverage with RAMP or Retiree Coverage upon reaching age 62.

Retiree Signature: _____ Date: _____

Effective Date _____

