Oberlin College Retiree 2021 Medical RAMP Deferral Form

Retiree First & Last Name:
________________________________________________

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<th>Name(s)</th>
<th>Medical RAMP Deferral</th>
<th>Current Age</th>
<th>Office Use Only</th>
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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, 2021.

I am responsible for paying premiums for coverage through December 31, 2020.

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 _____________________________

For Office Use Only: PDADEDN_____ PDABCOV_____ Web Entry Date: ____________