

**Oberlin College Retiree Medical RAMP 2025 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, 2025.

I am responsible for paying premiums for coverage through December 31, 2024.

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** \_\_\_\_\_

