

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_



**School District of Altoona**  
"Home of the Railroaders"

**SecurityHealth Plan**<sup>SM</sup>  
Promises kept, plain and simple.

### Benefit Elections Retirees

Address: \_\_\_\_\_  
\_\_\_\_\_

List employee and all covered family members, birthdates and Social Security Numbers:

Family Member Name	Birth Date	SSN	Office Use Only

**Type of Coverage**

HMO Plan 2000/4000 (608050)

- Single
- Family

HMO Plan 3000/6000 (608053)

- Single
- Family

Open Access Plan 2000/4000 (608049)

- Single
- Family

Open Access Plan 3000/6000 (608052)

- Single
- Family

Signature: \_\_\_\_\_ Date: \_\_\_\_\_