



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
(207) 621-2645

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

EMPLOYER STATEMENT REGARDING

RETIREE ELIGIBILITY FOR

CONTINUED HEALTH INSURANCE

Employee Name: _____ Date of Birth: _____

Employee ID #: _____ Date of Retirement: _____

YES _____ NO _____

1. Has the employee been employed by, or been an elected or appointed official with, this employer for the last five (5) consecutive years?

YES _____ NO _____

2. On the date of retirement was the employee at least 55 years old?

YES _____ NO _____

3. Is the employee receiving benefits from a retirement plan established by **this** employer (i.e. Maine Public Employees Retirement System or ICMA)?

This form must be completed and sent in with the termination form.

Name of Employer

Signature of Employer Representative

Date