

## Retired Employees Association of Orange County, Inc.

Please complete and send to: REAOC P.O. Box 11787 Santa Ana, CA 92711-1787

To: The Retired Employees Association of Orange County

- I would like to join the Retired Employees Association of Orange County (REAOC).
- I authorize the Orange County Employees Retirement System (OCERS) to forward further address changes to REAOC as well as any change in my retirement status.
- I authorize the Orange County Employees Retirement System (OCERS) to withhold \$3.00 per month from my retirement check for REAOC association dues.

Name					
Address:					
Street		ty	State	Zip	
Phone:		Social Security Number:			
E-mail Address:					
Retiree Regular Member		urviving Spouse As			
Signature:			Date:		
Congratulations on your decision to jouth the following information, the next is the reverse side if needed.	•		= -		
Former Dept/Dist: Date Retired:		worked:	Position:		

## **SUPPLEMENTAL BENEFITS**

REAOC members are eligible to purchase dental and/or vision insurance and other supplemental benefits through two sources, Pacific Group Agencies, Inc. and/or the Orange County Employees Association (OCEA). Members are encouraged to obtain and read details on all plans before making a decision. If you are interested in applying for the supplemental insurance plans, you must contact the Insurance Plan Administrators directly. For the CIGNA Dental HMO or the Ameritas PPO and/or the Medical Eye Services (MES) Vision, contact the plan administrator, Pacific Group Agencies, at (800) 511-9065. For the Delta HMO and/or VSP Vision Services, contact the plan administrator, OCEA, at (714) 835-3355.

PO Box 11787, Santa Ana, CA 92711-1787

Phone: (714)840-3995 • www.reaoc.org • Email: reaoc@reaoc.org

Our office hours are Monday through Friday, 8:00 AM to 12:00 PM