



HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

ENROLLMENT FORM
RETIREE HEALTH FUND

SUBMIT COMPLETED FORM TO YOUR AGENCY HUMAN RESOURCES/ PAYROLL OFFICE

CO-1300 (Rev 12/2019)

Form with sections: EMPLOYEE INFORMATION, PRIOR SERVICE, DEDUCTION, EMPLOYEE ACKNOWLEDGEMENT, EXEMPTION, Agency Signature, Agency Contact. Includes fields for name, address, SSN, agency, and contribution details.



CO-1300

Return to OSC, Employee Benefits Unit, Healthcare Policy & Benefit Services Division, 165 Capitol Avenue, Hartford, CT 06106.



CO-1300

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