



Retirement Form

Notify BART of your intent to retire by submitting this form at least two weeks prior to your retirement date. Submit it to your supervisor and to HR/Benefits by email to benefits@bart.gov or fax to (510) 464-7618.

Name: _____

BART ID Number: _____

Retirement Date: _____

Signature: _____

The retirement date is the first day of retirement and is the day after the last day of employment. Do not work on or report time on the retirement date. The retirement date can be any day of the week, including a regular day off.

Eligibility: you must have been employed at BART for at least five years and meet CalPERS retirement eligibility requirements to service retire.

Required: return all BART property to your supervisor before you retire.

Optional: submit Retiree Dental/Vision Enrollment Form to Benefits.
Retirement is your only chance to enroll in these plans.

Optional: submit Final Paycheck Deferral Form to make a pre-tax contribution to your 457 Deferred Compensation plan on your final paycheck.

Important: to retire from CalPERS you must submit a CalPERS retirement application to CalPERS. Complete your CalPERS Retirement Application online at myCalPERS.ca.gov or call CalPERS at 888-225-7377 for CalPERS Retirement Application. If your CalPERS retirement date is more than 120 days after your last day of employment you are not eligible for retiree medical benefits.

See next page for important information

In case of emergency retirement contact CalPERS immediately at 888-225-7377 and BART HR/Benefits at diwata@bart.gov (510) 464-6207

Contact HR/Benefits for Disability or Industrial Disability Retirement or if you need to change or rescind your retirement (you must also inform CalPERS)

Final Deferral

If you wish to make an optional special election to defer pre-tax from the final check, contact HR/Benefits for the Final Paycheck Deferral Form.

Exit Process

Your final check and retiree ID card will be mailed to your home shortly after your retirement date. There is no option for direct deposit on the final check. Please review and update in Employee Connect your contact information such as personal email, address, & phone number. Download paychecks, emails, or contacts, you wish to save prior to your retirement.

Terminal leave

Terminal leave is the use of banked holidays and banked vacation immediately prior to retirement by AFSCME, BPMA or Non-Represented employees. Contact Benefits department if you are interested in terminal leave.

EPMC - Police Only

Classic (not subject to the 2013 Public Employees' Pension Reform Act) members of BPOA, BPMA, the Police Chief, and Deputy Chiefs are subject to the Conversion of the Employer-Paid Member Contribution to Pay Rate during the Final Compensation Period (EPMC) pursuant to their CBAs and Government Code Section 20692 of the California Public Employees' Retirement Law. EPMC Conversion pay rate increase begins on the same day as the retirement date one year prior and must be implemented retroactively if less than one year notice is given. Pay rate is increased by 7% (non-sworn) or 9% (sworn), the District stops reimbursing the member CalPERS contribution, and the employee pays it for one year.

2024 BART RETIREE DENTAL AND VISION ELECTION FORM

You have a one-time only opportunity to elect BART Retiree Dental and/or Retiree Vision. The deadline to return the form is 30 days from your retirement date. Coverage is effective the first of the month following the retirement date (no gap in coverage). **All costs are paid by the retiree.**

I _____ wish to make an election:
Name of Retiree (print)

For dental, you can select only one plan, either Retiree Dental – Contracted Plan or Retiree Dental – Lower Premium Plan:

_____ 1a. **Retiree Dental – Contracted Plan** (same plan design as active employees) for **(check one only)**

_____ BART Retiree only	\$100.89 per month (\$99.73 Police)
_____ BART Retiree and one eligible dependent	\$201.77 per month (\$199.45 Police)
_____ BART Retiree and two or more eligible dependents	\$302.66 per month (\$299.20 Police)

IF YOU ARE RETIRING FROM BPOA/BPMA PLEASE CHECK HERE _____ (POLICE RATES APPLY)

OR

_____ 1b. **Retiree Dental – Lower Premium Plan** (same plan for all groups) for **(check one only):**

_____ BART Retiree only	\$64.70 per month
_____ BART Retiree and one eligible dependent	\$112.27 per month
_____ BART Retiree and two or more eligible dependents	\$165.31 per month

For vision, you can select only one plan, either Retiree Basic Vision or Retiree Enhanced Vision.

_____ 2a. **Retiree Basic Vision** for **(check one only):**

_____ BART Retiree only	\$14.58 per month
_____ BART Retiree and one eligible dependent	\$29.16 per month
_____ BART Retiree and two or more eligible dependents	\$34.27 per month

OR

_____ 2b. **Retiree Enhanced Vision** for **(check one only):**

_____ BART Retiree only	\$33.11 per month
_____ BART Retiree and one eligible dependent	\$66.23 per month
_____ BART Retiree and two or more eligible dependents	\$77.82 per month

Initial all the statements below in order for your election form to be processed:

_____ I understand that I am enrolled in the Retiree Group and the cost of each plan may **decrease or increase based on participation, experience and market factors** in January of each year.

_____ I understand that the earliest I can cancel is the end of the calendar year in which retiree coverage begins and unless I submit a Notice of Retiree Dental and Vision Termination of Coverage form ("Termination Notice") prior to December 15th I will be **AUTOMATICALLY RENEWED FOR A ONE YEAR COMMITMENT** and will continue to be enrolled annually for a one year commitment until a Termination Notice is submitted.

_____ I understand that I cannot switch plans in the future.

_____ I understand that if I terminate from the selected plan after completing my commitment period, I will no longer be eligible to participate in that plan.

_____ I will mail payments to SF BART, PO Box 884203, Los Angeles CA 90088-4203
Add dental/vision amounts, make the check payable to BART and write your employee number on it.

For questions about invoices email benefitbilling@bart.gov or call (510) 464-6934. The first invoice should arrive within a month of retirement.

Return Your Election Form by email to benefits@bart.gov, fax (510) 464-7618, or by mail to BART Benefits Division, 2150 Webster St, 4th Floor, Oakland, CA 94612

Failure to submit the Election form or failure to make payments by the deadline will be considered a waiver of coverage and you will no longer be eligible to participate in the District's retiree dental and vision programs. Payments are due by the last day of the month and should be sent to SF BART, PO Box 884203, Los Angeles CA 90088-4203 (do not send enrollment forms to this address).

I also elect to enroll the following dependents:

Name of Dependent	Relationship	Birthdate	Check if dental elected	Check if vision elected

For any new dependents (not previously covered) provide documents supporting their eligibility. For previously covered dependents you must provide documents if requested. For a spouse or registered domestic partner, a marriage certificate or registration of domestic partnership. For a child, a copy of his/her birth certificate. For all dependents, a copy of their social security card must be on file or provided if requested.

I acknowledge and accept the terms and conditions for participation in the BART Retiree Dental and Vision Program.

Signature of Retiree Date Employee ID Number Contact Phone Number

Keep smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



NON-PPO

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Plan Benefit Highlights for: San Francisco Bay Area Rapid Transit District
(Retiree **Lower Premium Plan**)

Group No: 21133

Effective Date: 1/1/2024

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 23		
Deductibles	None		
Maximums	\$1,500 per person each calendar year. No rollover for unused benefit.		
D & P counts toward maximum?	Yes		
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings	80 %	80 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges and dentures	50 %	50 %

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.
 ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 560 Mission St., Suite 1300 San Francisco, CA 94105	Customer Service 888-335-8227	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
---	---	---

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: Bay Area Rapid Transit

Contracted Retiree (same as active) - excluding Police

Group No: 21133

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)?	Orthodontics: \$50 lifetime deductible per person Yes			
Maximums D & P counts toward maximum?	\$2,500 per person each calendar year. Rollover capped at \$2,500 per person* No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics 12 Months	Orthodontics None

Benefits and Covered Services**	Delta Dental PPO dentists***	Non-Delta Dental PPO dentists***
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, sealants and posterior composites	90%	90%
Endodontics (root canals) Covered Under Major Services	90%	90%
Periodontics (gum treatment) Covered Under Basic Services	90%	90%
Oral Surgery Covered Under Basic Services	90%	90%
Major Services Crowns, onlays and cast restorations	90%	90%
Prosthodontics Bridges, dentures and implants	90%	90%
Orthodontic Benefits Adults and dependent children	75%	75%
Orthodontic Maximums	\$3,500 Lifetime	\$3,500 Lifetime

*Five year rolling period for future use up to a maximum carryover of \$2,500. Annual max cannot exceed \$5,000.

**Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

*** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 560 Mission St., Suite 1300 San Francisco, CA 94105	Customer Service 888-335-8227	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
---	---	---

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: Bay Area Rapid Transit

BPMA and BPOA Retirees Contracted Dental

Group No: 21133

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)?	Orthodontics: \$50 lifetime deductible per person Yes			
Maximums D & P counts toward maximum?	\$2,500 per person each calendar year. Rollover capped at \$2,500 per person* No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics 12 Months	Orthodontics None

Benefits and Covered Services**	Delta Dental PPO dentists***	Non-Delta Dental PPO dentists***
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, sealants and posterior composites	100%	100%
Endodontics (root canals) Covered Under Major Services	100%	100%
Periodontics (gum treatment) Covered Under Basic Services	100%	100%
Oral Surgery Covered Under Basic Services	100%	100%
Major Services Crowns, onlays and cast restorations	100%	100%
Prosthodontics Bridges, dentures and implants	100%	100%
Orthodontic Benefits Adults and dependent children	75%	75%
Orthodontic Maximums	\$3,500 Lifetime	\$3,500 Lifetime

* Five year rolling period for future use up to a maximum carryover of \$2,500. Annual max cannot exceed \$5,000.

**Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

*** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 560 Mission St., Suite 1300 San Francisco, CA 94105	Customer Service 888-335-8227 deltadentalins.com	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
---	--	---

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

A Look at Your VSP Vision Coverage

With VSP and SAN FRANCISCO BAY AREA
RAPID TRANSIT DISTRICT, your health
comes first.




Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.


Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

 With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

 Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.


vision care

More Ways
to Save

Extra

\$20

to spend on

Featured Frame Brands†

bebe

Calvin Klein

COLE HAAN

DRAGON

FLEXON

LONGCHAMP
PARIS



and more

See all brands and offers
at vsp.com/offers.

+

Up to

40%

Savings on

lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY
BASIC PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 12 months 	\$10 for exam and glasses Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$270 Enhanced Featured Frame Brands allowance \$250 frame allowance 20% savings on the amount over your allowance \$135 Walmart/Sam's Club/Costco frame allowance Every 24 months 	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every 12 months 	Combined with exam
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti-glare coating Impact-resistant lenses UV protection Average savings of 40% on other lens enhancements Every 12 months 	\$0 \$25 \$25 \$0 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$105 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
VSP LIGHTCARE™	<ul style="list-style-type: none"> \$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 24 months 	Combined with exam
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on Featured Frame Brands. Go to vsp.com/offers for details. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 	

BENEFIT	DESCRIPTION	COPAY
ENHANCED PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 12 months 	\$0 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$135 Enhanced Featured Frame Brands allowance \$115 frame allowance 20% savings on the amount over your allowance \$65 Walmart/Sam's Club/Costco frame allowance Every 12 months 	\$0
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	\$0
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Tints/Light-reactive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$0 \$80 - \$90 \$120 - \$160 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$250 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	\$0
ADDITIONAL PAIRS OF EYEWEAR		
FRAME*	<ul style="list-style-type: none"> \$115 frame allowance 20% savings on the amount over your allowance \$65 Walmart/Sam's Club/Costco frame allowance Every 12 months 	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Combined with exam
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$250 allowance for additional contacts Every 12 months 	\$0
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on Featured Frame Brands. Go to vsp.com/offers for details. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 	



SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT OFFBOARDING CHECKLIST- EMPLOYEE

- All items should be returned to your immediate supervisor/manager unless specifically noted to return to another department.
- All tasks should be completed by your last physical day with the District but no later than your last day of employment.
- **This checklist is informational and does not need to be submitted.**

Return Keys and Access Passes

Office Keys
Desk Keys
Building Keys
Truck Radio
Station/Train Keys
Transbay Keys
BART vehicle Keys
Offsite parking lot permit
BHQ/BART facilities access card
LKS individually issued garage access card (Return to Parking Garage)
Employee Clipper Card (transportation pass). Retirees retain dependent Clipper cards.
A new retiree Clipper Card will be issued by HR/Badging)

Return District Property

Locker and keys
Laptop
Tablet
Cell phone
Jet Pack/MiFi
Business Cards
OR&P Manual (Orange Book)
Uniforms
Tools
Safety Equipment
Diners Club Card
P-Card (Go Card)

Knowledge Transfer

- Provide passwords or transition access to non-BART system related to your job function.
- Provide list of frequently used websites.
- Provide list of frequent contacts (list names, contact info, and purpose of the contact).
- Provide list of outstanding projects including status/projected projects and list of daily tasks.

Action Items

- Elapse time employees, complete final timesheet.
- For supervisors and managers, complete performance evaluations.
- For supervisors and managers, approval time for your staff.
- Clean out workspace and remove and personal items.
- Complete exit interview through survey monkey. You can also elect to schedule a meeting with Human Resources, Talent Acquisition to share your comments.
- Submit any Flexible Spending Account (FSA) or Commuter (Transit or Parking) claims if you enrolled in these plans and still have claims to file.
- Submit change of address if needed to HRIS@bart.gov. Any future correspondence will be sent to your last address on file if no changes are made. Even if you update your information with CalPERS, you still need to update the District as these databases are separate.
- Submit election for COBRA and payment based on timeframe indicated in the COBRA letter if you wish to continue any of your health benefits. WEX will send a package to you upon separation. For questions, email benefits@bart.gov. These benefits are 100% at your own cost. There is no employer contribution.
- For retirees, submit election forms for retiree dental and vision by the deadline stated in your letter if you wish to continue any of these benefits. Benefits will send a package to you upon separation. For questions, email benefits@bart.gov. These benefits are 100% at your own cost. There is no employer contribution.
- If you have previously completed a Form 700 (Statement of Economic Interests) then complete a final Form 700 and return to the District Secretary's Office