



2016-17

Health Insurance Options for Retirees



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GROUP MEDICARE SUPPLEMENT PLANS (65+)

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- RETIREMENT CHECKLIST

IMPORTANT PHONE NUMBERS

Charlotte County Human Resources

18500 Murdock Circle, Bldg A, Room #130
Port Charlotte, FL 33948
941-743-1260
Fax 941-743-1254

RETIREE HEALTH INSURANCE

Charlotte County Risk Management

18500 Murdock Circle, #B-201
Port Charlotte, FL 33948
941-743-1244
Fax 941-743-1989

PROVIDERS

CIGNA Healthcare

P.O. Box 49600
Atlanta, GA 300359
1-800-244-6224
www.cigna.com

Medicare Supplement-Valery Insurance Agency, Inc.

2113 Gulf Blvd.
Indian Rocks Beach, FL 33785
1-800-330-8445
Fax 1-727-517-8887

Social Security Benefits & Medicare Enrollment

Social Security Administration
1777 Tamiami Trail
Port Charlotte, FL 33948
Toll Free 800-772-1213

Website: <http://medicare.gov>

State of Florida Retirement Division

Cedars Executive Center
2639 N. Monroe Street, Bldg C
Tallahassee, FL 32399-1560
1-850-488-6491
Website: www.myflorida.com/frs

Medicare Choices - Overview

Medicare covers many of your health care needs. Today's Medicare is working with private companies approved by Medicare that provide different ways to get your health care and prescription drug coverage in the Medicare Program. The Medicare plan that you choose affects many things like cost, benefits, doctor choice, convenience, and quality. Your Medicare plan choices include:

The Original Medicare Plan – This is a fee-for-service plan that covers many health care services and certain drugs. You can go to any doctor or hospital that accepts Medicare. When you get your health care, you use your red, white, and blue Medicare card.

The Original Medicare Plan pays for many health care services and supplies, but it doesn't pay all of your health care costs. There are costs that you must pay, like coinsurance, copayments, and deductibles. These costs are called "gaps" in Medicare coverage. You might want to consider buying a Medigap policy to cover these gaps in Medicare coverage. You can also add prescription drug coverage by joining a Medicare Prescription Drug Plan.

Medicare Advantage Plans – Available in many areas. If you have one of these plans, you don't need a Medigap policy.

These plans include:

- Health Maintenance Organizations (HMO),
- Preferred Provider Organizations (PPO)
- Private Fee-for-Service Plans
- Medicare Special Needs Plans
- Medicare Medical Savings Account Plans (MSA)

These plans may cover more services and have lower out-of-pocket costs than the Original Medicare Plan. Some plans cover prescription drugs. In some plans, like HMOs, you may only be able to see certain doctors or go to certain hospitals to get covered services.

Medicare Prescription Drug Plans – These stand-alone plans add prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans and Medicare Medical Savings Account Plans.

The Medicare plan that you choose affects many things like cost, benefits, doctor choice, convenience, and quality. To find out more information on Medicare Health Plan choices, go to:

www.medicare.gov

Medicare Part B - What you need to Know if taking the County's Retiree Health Insurance

What are the financial consequences for not electing Medicare Part B when I retire?

If you do not enroll in Medicare Part B, Social Security can charge you a premium penalty surcharge that can become very expensive. At the time of your retirement, you will qualify to enroll as a "Special Enrollment" for Medicare Part B. If you do not enroll as a "Special Enrollment" you can only get back into Medicare Part B during the "General Enrollment" period. General Enrollment is January through March of each year, and your Part B coverage will not start until July. If you get back into Medicare Part B during the General Enrollment period, Social Security will most likely charge you a "Premium Surcharge Penalty" on your Medicare Part B premiums. This penalty is an additional 10% of the base premium amount for each year that you were not covered by Medicare Part B.

If I decline Medicare Part B and remain under the County's retiree health plan, how will CIGNA pay my claims?

If you do not elect Part B, there may be unexpected financial consequences due to how CIGNA will process your claims. Due to plan provisions, even though the member has not elected Medicare Part B, CIGNA will deduct the amount that Medicare would have paid the provider from the Total Allowable Expense. Any amount left can be balance billed to the employee by the provider. Benefit credit saving provisions apply. If the balance due on the claim is less than CIGNA HealthCare's normal liability, then CIGNA HealthCare will pay the balance due.

CIGNA Benefit Credit – is the portion of the payment that CIGNA HealthCare did not have to pay out as part of our normal liability as a result of a coordination of benefits with Medicare. It can be applied as credit toward future claims within the calendar year. This is also known as a benefit credit savings. Benefit Credit Savings is the difference between CIGNA HealthCare's normal liability and CIGNA HealthCare's actual payment. Benefit Credit savings apply only to the family member who incurs the charge, and expires at the end of the calendar year in which it is gained.

The following is an example of Standard COB with Benefit Credit:

Total Allowable Expense:	\$100.00 (Office visit)
Medicare would Normally Pay:	\$80.00 (You can be balance billed this amount)
Balance Due:	\$20.00
CIGNA HealthCare's Benefit in Absence of Medicare:	\$80.00 (\$100 - \$20.00 co-pay)
CIGNA HealthCare's Payment:	\$20.00 (CIGNA's Total Liability)
Benefit Credit Savings:	\$60.00 (to be applied to next claim)

Note: CIGNA only paid the provider \$20.00 for this office visit. The member can be balance billed for the \$80. This example was used for a small office visit claim. If this was a larger claim such as a physician surgery fee, for example, the out of pocket expense could be substantial.

Medicare and Coordination of Benefits (COB)

If you are age 65+ and covered by Medicare and have the County insurance, the Coordination-of-Benefits (COB) rules are set by the Centers for Medicare & Medicaid Services (CMS).

If you:	and:	Pays First	Pays Second
are age 65 and older and covered by a group health plan because you are working or are covered by a group health plan of a working spouse of any age	the employer has less than 20 employees* (*does not apply to Charlotte County)	Medicare	Group Health Plan
	the employer has 20 or more employees	Group Health Plan	Medicare
have an employer retiree plan and are age 65 or older or disabled age 65 or older	eligible for Medicare	Medicare	Retiree Coverage
are disabled and covered by a large group health plan from your work, or from a family member who is working	the employer has less than 100 employees	Medicare	Group Health Plan
	employer has 100 or more employees	Large group health plan	Medicare
have End-Stage Renal Disease and group health plan coverage (including a retirement plan)	first 30 months of eligibility or entitlement to Medicare	Group Health Plan	Medicare
	after 30 months	Medicare	Group Health Plan
are covered under workers' compensation because of a job-related injury or illness	eligible for Medicare	Workers' compensation for workers' compensation related services	Medicare
have black lung disease and are covered under the Federal Black Lung Program	eligible for Federal Black Lung Program	Federal Black Lung Program for black lung related services	Medicare
have been in an accident where no-fault or liability insurance is involved	eligible for Medicare	Medicare	COBRA
are age 65 or over OR disabled and covered by Medicare and COBRA	eligible for Medicare	Medicare	COBRA

GROUP RETIREE HEALTH PLAN- This retiree health coverage remains with the carrier that is currently in effect when the employee retires. Retirees must meet all the eligibility requirements in order for the option to be elected. The current Retiree Health carrier is Cigna Healthcare for Medical, Dental, and Vision Coverage. Risk Management mails the retiree an invoice each month.

CHARLOTTE COUNTY RETIREE BENEFIT ELIGIBILITY & GUIDELINES

Revised 10/01/2012

All of the following requirements must be met in order for a Charlotte County employee* to be eligible for Retiree Benefits (medical, dental, vision, retiree life, employee health center):

1. Employees must have a minimum of 8 years of service vested with Charlotte County in conjunction with the Florida Retirement System (FRS).
2. The employee must be eligible to receive or be receiving benefits from the Florida Retirement System.
3. Retirement age of 55 or above (*unless the employee has 30 years of service with the FRS/25 for High Risk employees*).
4. Having a job elsewhere is not a factor.

A retiree may elect coverage for themselves or dependents but only if the dependents are covered under their policy at the time of their retirement.

A retiree may keep the coverage for their dependent and not for themselves as long as the insurance carrier permits.

Once a retiree drops coverage on themselves or a dependent, there is no future opportunity for the retiree to come back onto the County's health insurance plan. Qualifying Event rules for adding and removing dependents do not apply to retirees.

**Charlotte County employee is defined as any employee of the Elected Officials (Board of County Commissioners, Tax Collector's Office, Property Appraiser's Office, Clerk of the Circuit Court, Supervisor of Election, Airport Authority, Peace River Water Authority, and Court Administration)*

Premiums/Rates on Next Page

GROUP RETIREE HEALTH RATES
Eff 10/1/2016

CIGNA OPEN ACCESS HMO

Employee Only	\$921.83
Employee/Spouse	\$1,988.43
Employee/Child(ren)	\$1,727.47
Employee/Family	\$2,184.49

(RATES INCLUDE MEDICAL, DENTAL, VISION)

Retirees may also use the Charlotte County Employee Health Center

RATES DO NOT INCLUDE ANY ELIGIBLE COUNTY SUBSIDY.

IF ELIGIBLE, ANY SUBSIDY WILL AUTOMATICALLY BE DEDUCTED FROM THE RETIREE'S MONTHLY INVOICE. ONLY CHECKS OR MONEY ORDERS ARE ACCEPTED FOR PAYMENT. CASH IS NOT ACCEPTED.

ALL PAYMENTS ARE DUE ON THE FIRST OF THE MONTH AND MAILED TO CHARLOTTE COUNTY RISK MANAGEMENT.

YOU MAY TAKE THE MONTHLY SUBSIDY IN THE FORM OF A CASH PAYOUT WITH ANNUAL PROOF OF OTHER HEALTH INSURANCE. CONTACT RISK MANAGEMENT FOR DETAILS.

Charlotte County Supplemental Retirement Plan – UPDATED & ADOPTED BY THE BCC EFFECTIVE OCTOBER 1, 2010

Purpose:

To provide a subsidized program for eligible County Retirees to assist in off setting the cost of post retirement health insurance premiums.

Eligibility:

Any retiree who is under 65 years of age and has continuing medical coverage is eligible. Retirees over the age of 65 who are covered under Medicare or a Medicare Supplement are not eligible. The employee at the time of retirement must have completed 20 years of service with the Board of County Commissioners, Clerk of the Court, Tax Collector, Property Appraiser, Supervisor of Elections, (herein after referred to as the County).

The plan participant must be collecting FRS monthly retirement benefits.

Benefit Coverage:

The coverage offered under the County's plan will be the plan that is in effect upon the employee's date of retirement. Coverage includes Vision and Dental. Any change in Plan Benefits that occur will apply to the retirees in those plans.

Florida Retirement System Insurance Subsidy:

If a retiree receives or is eligible to receive the health insurance subsidy from FRS, the amount that is included in the retiree's check plus the county's contribution will be applied to the premium cost. Remaining amount is considered the employee's contribution.

Supplement/Benefit:

The monthly supplement will be \$10.00 per each year of service. Minimum of 20 years of service is required (20 yrs x \$10.00= \$200 per month). The maximum monthly benefit

	<p>is \$300.00 per month. This supplement will be deducted from the retiree's health insurance invoice on a monthly basis. Time in the FRS "DROP" Program is not included in the calculation of this benefit. If the retiree's health insurance is not with the County, a check will be issued on a monthly basis payable to the retiree. If the retiree is covered under the County's health insurance, the amount of the supplement will be deducted from the monthly invoice. Any overage due will be paid to the retiree and will be handled on an individual basis.</p>
<p>Other Group Insurance:</p>	<p>Should a retiree be covered by another group health insurance plan or is eligible to participate in another plan (ie military insurance), documentation of other coverage will be needed on an annual basis.</p>
<p>Maximum Benefit Duration:</p>	<p>Should a retiree be covered by another group health insurance plan or is eligible to participate in another plan, Charlotte County's plan will be secondary on all claims.</p>
<p>Dependent Coverage:</p>	<p>The County Retiree Supplement will cease when the retiree becomes eligible for Medicare. The retiree may continue coverage on the County's Health Insurance Program but the Supplement will no longer be deducted from the premium. The Supplement does not apply to spouse coverage.</p>
<p>Other Retirement Credited Service:</p>	<p>Dependent coverage may be obtained under this plan; the retiree will be responsible for the payment of the monthly premium for this coverage addition.</p> <p>For purposes of this program, credited service from other governmental entities under FRS will not be utilized. Only service with Charlotte County will be considered.</p>

<p>Plan Claims Administration:</p>	<p>The insurance carrier of record will administer any and all claims in this plan.</p>
<p>Effective Date:</p>	<p>The effective date of the plan is 10-1-2008.</p>
<p>Plan Administrator:</p>	<p>The plan administrator is the Risk Manager of Charlotte County and the Insurance Carrier of Record.</p>
<p>Pre- 10/1/2008 Retirees:</p>	<p>The health coverage plan herein discussed shall be offered only to eligible County retirees whose date of retirement was after 10/1/2008. Employees who retired prior to the effective date of the plan, who currently receive the Supplement, will continue to be covered by the Retiree Supplement Plan that was effective 1/1/2004. Employees who retired prior to 1/1/2004 will not be eligible for either Plan.</p> <p>The retiree must meet all eligibility requirements and be a participant in the current retiree health insurance plan.</p>

CHARLOTTE COUNTY

(45-64)

Insurance Alternatives

(65+)

**Group Medicare
Supplement**

**VALERY
INSURANCE**

2113 Gulf Blvd., Indian Rocks Beach, FL. 33785

Phone (727) 517-8888 Fax (727) 517-8887

Email: info@valeryagency.com

Toll-Free (800) 330-8445

www.valeryagency.com

(CFV42014P14)

Health Insurance

For ages under 65, Not on Medicare

Health Care Reform

Effective: January 1st 2014

ACA = Affordable Care Act

Open Enrollment: November 15th – February 15th:

Effective dates: 1st of month

Outside of Open Enrollment: Qualifying Life Changing Event

All plans are Guaranteed Issue

10 Essential Health Benefits

5 levels of coverage:

Catastrophic, Bronze, Silver, Gold, Platinum

Ages 30-64: Bronze, Silver, Gold, Platinum

ON Marketplace = www.healthcare.gov

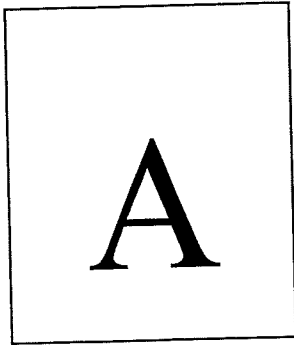
Determine if you qualify for Tax Credit

Less carrier choices

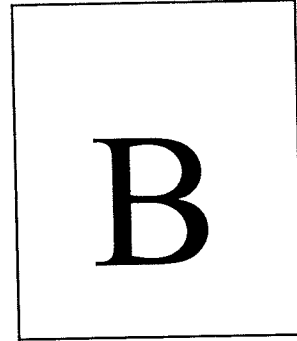
Tax Credit: Monthly Reduction of Premium

OFF Marketplace: No Tax Credit

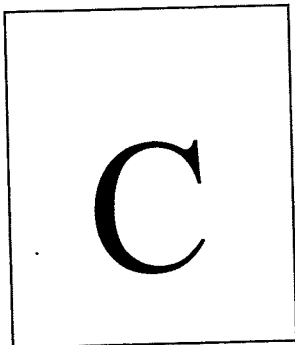
more carrier choices, buy through Agents, Brokers, directly with
Carrier



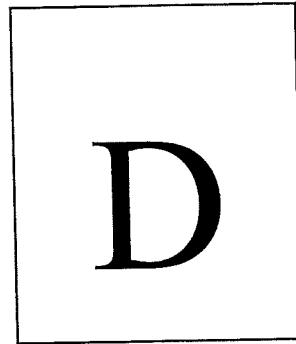
Hospital



Doctor

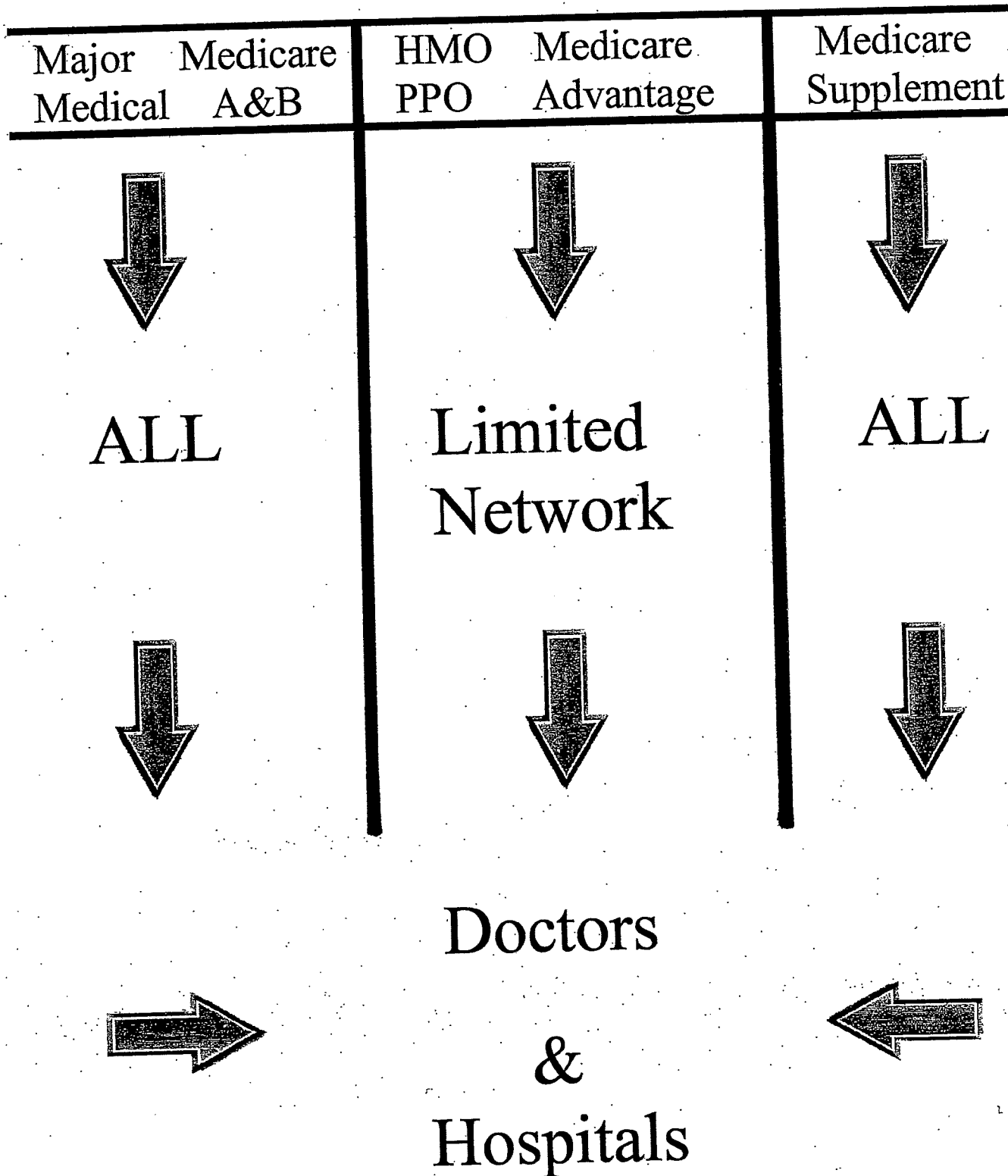


Gap Plan



Rx Plan

Health Insurance



OUTLINE OF COVERAGE

Benefit Plans A, B, C, F, K, L, N, Select C, Select F

Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 - **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
 - **Blood:** First three pints of blood each year.
 - **Hospice:** Part A coinsurance
- ◆ Medicare Select Plans C and F contain the same benefits as standardized Medicare Supplement Plans C and F, except for restrictions on your use of hospitals.

Plan A	Plan B	Plan C◆	Plan D	Plan F◆	Plan G	Plan K	Plan L	Plan M	Plan N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 co-payment for office visit, and up to \$50 copayment for ER
		Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	50% Skilled nursing facility co-insurance	75% Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		Part B deductible		Part B deductible					
				Part B excess (100%)	Part B excess (100%)				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
						Out-of-pocket limit \$4940; paid at 100% after limit reached	Out-of-pocket limit \$2470; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2140 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2140. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

PAY YOUR PLAN F & USE HIS TAX FREE

YOUR FLORIDA INSURANCE SUBSIDY (\$5.00 x # of years = SUBSIDY)

How it is paid to you determines if it will be taxable income.

WRONG

SUBSIDY TO YOU.....YOU PAY INSURANCE
.....YOU PAY TAX



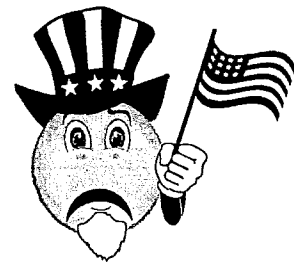
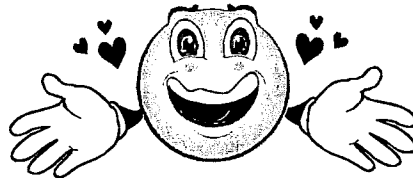
WHY ARE YOU GIVING YOUR INCOME AWAY?

RIGHT

SUBSIDY TO INSURANCE COMPANY...YOU PAY NO TAX



Insurance



Let F.R.S pay your Health Insurance premium so you do NOT pay a tax on your Health Insurance Subsidy.

MEDICARE PART “D” Rx

MEDICARE APPROVED COMPANIES

Aetna Medicare (2)
 EnvisionRx Plus (1)
 First Health (3)
 Health First (3)
 HealthSpring (1)
 Stonebridge (2)
 United American (2)
 Wellcare (2)

Cigna Medicare Rx (3)
 Express Scripts (2)
 Florida Blue (2)
 HealthMarkets (1)
 Humana (3)
 Unicare (2)
 UnitedHealthcare AARP (3)

2006 ORIGINAL VERSION

\$250 (Deductible)

YOU 100%
 PLAN 0 %

Next \$2,250

YOU 25%
 PLAN 75%

Next \$2,600

YOU 100%
 PLAN 0 %

Above \$5,100

YOU 5%
 PLAN & GOVT 95%

TODAY’S 2014 VERSION

\$ 310 (Deductible)

\$0 Deductible
 (Select PLANS)

Next \$2,850

FORMULARY
 (VARYING CO-PAYS)

Till OOP is \$4,550

YOU PAY 47.5%
 (Brands)

YOU PAY 72%
 (Generic)

Catastrophic

YOU PAY ONLY
 5%
 \$2.65 Generics
 \$6.35 Others

Annual Enrollment Period = October 15th - December 7th : Effective January 1st

Nursing Insurance

LONG TERM CARE	\$	\$	\$
NURSING HOME	\$	\$	
AT HOME	\$		

Medicare & Medicare Supplements only pay for SKILLED CARE and pay nothing for Intermediate & Custodial Care, which account for 90% of all claims.

The three types of Nursing Insurance policies are:

Long Term Care: Pays in Nursing Home, At Home, Assisted Living, etc

Nursing Home: Pays only in Nursing Home

At Home: Pays only "At Home"

Sample Rates:

Age 64.....\$120/day - 0 Day elimination - 6 months

Long Term Care \$105/month

Nursing Home \$55/month

At Home \$35/month

*Registered Nurse Aid

*Licensed Registered Nurse

*Occupational and Physical Therapists

*Adult Day Care in a community-based facility

*Certified Home Health Aides

*Lic. Practical and Vocational Nurses

*Respiratory and Speech Therapists

***More Sample at Home Rates: \$120/day - 0 Day elimination - 6 months**

Age 60 \$22

Age 61 \$25

Age 62 \$27

Age 63 \$30

*Rates based on age and health at issue

10% Spousal Discount on higher premium if applied at same time

RETIREE TERM LIFE INSURANCE

At retirement, if an employee is age 55+ and has a minimum of 8 years of service with Charlotte County*, they will have the opportunity to continue 50% of the amount of their term life insurance currently in force while employed with Charlotte County. For example, if an employee retires with \$50,000 Basic Life Insurance in force, they would be eligible to keep \$25,000 at retirement. Accidental Death & Dismemberment coverage is not available to retirees.

If a retiree is eligible for this benefit, Risk Management will send a letter and an Election Form to the employee.

Life insurance premiums are based on the current contract the County has in force and premiums are subject to change annually. The current retiree life insurance rate is \$5.75 per \$100.00 of coverage. A policy of \$25,000 would cost a retiree \$1,725.00 annually. This rate is subject to change annually.

Life insurance premiums are paid on an annual basis, so the amount owed at retirement would be prorated based on the date of retirement. Annual life insurance invoices are mailed every September for a due date of October 1 of the following year.

Retiree Life Insurance Certificates are available upon request.

**Charlotte County employee is defined as any employee of the Elected Officials (Board of County Commissioners, Tax Collectors Office, Property Appraisers Office, Clerk of the Circuit Court, Supervisor of Elections and Court Administration)*

FREQUENTLY ASKED QUESTIONS

1. How long do my benefits continue upon leaving employment (retiring) from Charlotte County?

Your benefits will continue through the end of the month in which you retire. For example, if you leave employment on March 10, 2014, your insurance benefits would continue through March 31, 2014. Your retiree plan would become effective April 1, 2014.

2. My spouse is covered under my health insurance benefits at retirement. We are both 65. Is he/she also eligible for the Medicare Supplement?

Yes. The eligible spouse also has the option of electing the Medicare Supplement even if the retired employee does not.

3. I have my spouse covered under my group health insurance. I am 65 and will elect the Medicare Supplement. My spouse is not 65. What benefits are my spouse eligible for?

Your spouse may elect the Group Retiree Health Plan (single coverage) and pay the appropriate premium each month. CIGNA has agreed to this arrangement.

4. The Medicare Supplement does not offer prescription coverage. What are my options?

Your options are to either elect the Group Retiree Health Plan which has full prescription benefits or secure a Medicare Supplement policy AND a Medicare Part D policy to go along with it. You may also purchase an individual policy from an outside agency (see page 11). There is no age limit on the Group Retiree Health Plan.

5. If I decide to move out of the state of Florida when I retire, how does this affect my retiree options?

If you keep the Group Retiree Health Plan, then you will need to check if the Open Access Plan is available in that state. CIGNA will allow you to remain in the HMO if there is a network available. The Medicare Supplement is also available to retirees living out of the state.

6. If I elect the Group Retiree Health Plan or the Retiree Life Plan, are the rates locked in forever?

No. The Retiree health and life premium rates are subject to change on an annual basis. If there is going to be a rate increase, Risk Management will contact you in advance and you will have the option to cancel if needed.

7. May I cancel my healthcare or my dependent coverage at any time during the year?

Yes, but if you cancel your coverage, you **will not** be allowed to reinstate your healthcare coverage at another time.

8. Can my spouse continue their coverage if I should die?

If a spouse is covered under the retiree's plan at the time of the retiree's death, they will be eligible to continue their coverage.

9. Must I re-enroll for benefits every year?

This depends on whether the County changes health insurance carriers. A letter will be sent out each year advising of any plan changes, rate changes or if a new carrier is chosen, information will be sent so you can attend an open enrollment session to sign up. If you live out of state, enrollment may be done through the mail.

RETIREMENT CHECKLIST

Twelve Months Prior to Retirement

- Request an estimate of your Florida Retirement System benefits. Call 1-850-488-6491 or visit www.myflorida.com/frs. Discuss your estimated benefits/options with your family and financial advisor.
- Contact the nearest Social Security Office for an estimate of your Social Security benefits. You can obtain an estimate by calling 1-800-722-1213 or visit www.ssa.gov. If your 65th birthday will be attained in the year of your retirement, also find out what you need to do so that your Medicare Part B coverage will start at the right time. Only Part A of Medicare is automatic.

Six Months Prior to Retirement

- Review your estate planning- meet with your attorney to update wills, trusts and power of attorney.
- Decide what you are going to do after retirement: second career, hobbies and leisure activities, volunteer work, part-time work, etc.
- Evaluate your life insurance needs in comparison to your coverage and consider any conversion rights.
- Schedule an appointment with the Human Resources Representative to obtain the necessary forms to file for FRS retirement.
- If you are enrolled in a Deferred Compensation Plan, contact Human Resources or the plan administrator to decide when and how to begin drawing income.

Three Months Prior to Retirement

- Submit your FRS Retirement forms to the Florida Retirement Division. Contact Human Resources for assistance.
- Contact Risk Management to obtain the most recent retiree health insurance options and premiums.

One Month Prior to Retirement

- Notify your employer in writing of your last date of service and subsequent retirement date. Keep a copy for your records.
- Contact Risk Management to sign up for retiree health insurance or life insurance plans.
- Be prepared to venture into the next exciting chapter of your life!