

## **Delaware County Retirement Information**

## Retiree Insurance

Employee must have completed 10 years of continuous service immediately preceding the day of retirement. Also, the length of service and age must equal 70.

Dependents or Spouse must be covered under your current policy for continuous coverage under your retirement insurance.

#### RETIREE INSURANCE COST

Ordinance 2009-007A (effective April 1, 2009) determine the following rate percentages for retiree insurance:

- Retiree Only Coverage 30% of total monthly premium
- Retiree/Spouse, Retiree/Children or Retiree/Family 38% of total monthly premium of said tier
- Retiree Only, Over 65 (Medicare-eligible) 30% of 65% of total monthly premium
- Retiree/Spouse where either is over 65 Median of Retiree/Spouse tier and Over 65 Retiree/Spouse tier

### MONTHLY RATES (PER MONTH)

#### 64 and Under

- Retiree Only \$156.30
- Retiree/Spouse (both 64 and under) \$415.72
- Refiree/Children \$356.44
- Family \$514.90

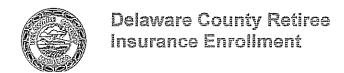
#### 65 and Over

- Retiree Only \$101.60
- Retiree/Spouse (both 65 and over) \$270.21
- Retiree/Spouse (either over 65) \$342.97
- Retiree/Children \$231.68
- Family 334.68

## **PERF Benefits**

For information on receiving your PERF benefits, visit the PERF website at <a href="www.in.gov/perf">www.in.gov/perf</a> or call 888.526.1687.

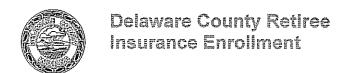
As of August 1, 2009 Page 1 of 1



## **Retiree Information**

Personal Information								
Full Name:								
Address:	Last					First	•	M.I.
	Street Ad	dress			119.774.WHUNNESS - 1.3 1.3 1.		,	Apartment/Unit #
Home Phone	City	<u>)</u>			Alternate Phone	e: <u>( )</u>	State 2	ZIP Code
E-mail Address:								
Social Security Number:								
Birth Date:		THE RESERVE OF THE PARTY OF THE		☐ Married	d □ Single	□ Ma	le 🛘 Female	
Event Type:   New Retiree  Address Change  Open Enrollment  Terminate Insurance								
Retirement Date:				Spouse's Wo	ork Phone:	( )		
Dependent Information								
Full Name:								
	Last					First	ŗ	M.I.
Social Security Number:								
Birth Date:				☐ Male	☐ Female	Full Tin	ne Student?   Yes	□ No
Relationship:		☐ Spouse	☐ Child	☐ Other_	***************************************			
C. II M								
Full Name:	Last					First	Λ	Л.І.
Social Security Number:								
Birth Date:				☐ Male	☐ Female	Full Tin	ne Student? 🛭 Yes	□ No
Relationship:		☐ Spouse	☐ Child	□ Other_				
Additional Dependents (List all additional dependents on a secretar sheet and attack.)								

REVISED 12.29.2009 Page 1 of 2



Applicant Signature

# Plan Selection I DECLINE MEDICAL COVERAGE 64 and Under (rates listed are per month) ☐ Retiree Only - \$156.30 ☐ Retiree/Spouse (both 64 and under) – \$415.72 ☐ Retiree/Children – \$356.44 ☐ Family - \$514.90 65 and Over (rates listed are per month) ☐ Retiree Only - \$101.60 ☐ Retiree/Spouse (both 65 and over) – \$270.21 ☐ Retiree/Spouse (either over 65) - \$342.97 ☐ Retiree/Children - \$231.68 ☐ Family - \$334.68 **Terms and Conditions** Please read this section carefully before signing the enrollment. 1. I understand if I see full time employment elsewhere, and participate in that employer's health insurance, that coverage shall be primary and Delaware County coverage shall be secondary. 2. I understand if I cancel my coverage with Delaware County, I cannot re-enroll at a later date. 3. I understand if I decline coverage at the time of retirement, I cannot choose to participate at a later date. 4. I understand that I must enroll to receive Medicare benefits when I am eligible, that Medicare shall be primary and Delaware County coverage shall be secondary. 5. I understand my insurance payments are due on the 1<sup>st</sup> of each month and that if payment is not received in full by the 15<sup>th</sup> of the month, insurance benefits may be cancelled. 6. I understand that Retiree Health Insurance is defined by the Delaware County Commissioners in Ordinance 2009-007A and may be amended or changed at any time at the discretion of the Delaware County Commissioners. Read the section above carefully before signing. Please review your application for errors or omissions. By signing this, I am indicating that I have read and understand the language in the Terms and Conditions section of this application and agree to all of its terms.

REVISED 12.29.2009 Page 2 of 2

Date