

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) determines 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 \$166.50
- Retiree/Children \$379.62
- Retiree/Spouse (both 64 and under) \$442.70
- Family \$548.34

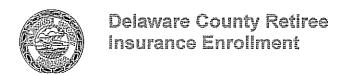
65 and Over

- Retiree Only \$108.23
- Retiree/Children \$246.75
- Retiree/Spouse (both 65 and over) \$287.76
- Retiree/Spouse (either over 65) \$365.23
- Family \$356.42

PERF Benefits

For information on receiving your PERF benefits, visit the PERF website at www.in.gov/perf or call 888,526,1687.

As of August 1, 2010 Page 1 of 1



Retiree Information

			Personal In	formation			
Full Name:							
Address:	Last			F	irst	M.I.	
	Street Address					Apartment/Unit #	
Home Phone:	City ()		Alt	ernate Phone:	State	ZIP Code	
E-mail Address:							
Social Security Number:							
Birth Date:			Married [] Single	□ Male □ Fema	le	
Event Type:	☐ New Reti	ree 🛘 Addres	s Change	☐ Open Enrollm	ent 🛛 Terminate Ins	surance	
Retirement Da	nte:			Spouse's Work P	hone: ()		
Dependent Information							
Full Name:							
Social Security	Number:			FI.	rst	M.I.	
Birth Date:	de d		Male □ F	emale	Full Time Student?	I Yes □ No	
Relationship:	☐ Spouse	□ Child □	Other				
	·			_			
Full Name:	.ost					D. 4	
Social Security				FII	rst	M.i.	
		п.	.a_1_		F. M. Times Charles and F.		
Birth Date:				emale	Full Time Student?	I YES LI NO	
Relationship:	☐ Spouse	□ Child □ (Other				
☐ Additional	Dependents (List all ac	dditional dependents	on a separate s	heet and attach.)			

REVISED 7.19.2010 Page 1 of 2

		Plan Selection
] I DEC	LIN	E MEDICAL COVERAGE
		ates listed are per month) Retiree Only – \$166.50 Retiree/Spouse (both 64 and under) – \$442.70 Retiree/Children – \$379.62 Family – \$548.34 tes listed are per month)
		Retiree Only – \$108.23 Retiree/Spouse (both 65 and over) – \$287.76 Retiree/Spouse (either over 65) – \$365.23 Retiree/Children – \$246.75 Family – \$356.42
Please (1. 2. 3. 4.	l un tha I un I un I un pri I un in f	this section carefully before signing the enrollment. Inderstand if I see full time employment elsewhere, and participate in that employer's health insurance, at coverage shall be primary and Delaware County coverage shall be secondary. Inderstand if I cancel my coverage with Delaware County, I cannot re-enroll at a later date. Inderstand if I decline coverage at the time of retirement, I cannot choose to participate at a later date. Inderstand that I must enroll to receive Medicare benefits when I am eligible, that Medicare shall be mary and Delaware County coverage shall be secondary. Inderstand my insurance payments are due on the 1st of each month and that if payment is not received full by the 15th of the month, insurance benefits may be cancelled. Inderstand that Retiree Health Insurance is defined by the Delaware County Commissioners in dinance 2009-007A and may be amended or changed at any time at the discretion of the Delaware unty Commissioners.
By signir applicat	ng th	tion above carefully before signing. Please review your application for errors or omissions. is, I am indicating that I have read and understand the language in the Terms and Conditions section of this agree to all of its terms.
Applicant	Signo	tture Date

REVISED 7.19.2010 Page 2 of 2