



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.



Delaware County Retiree Insurance Enrollment

Retiree Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____ Married Single Male Female

Event Type: New Retiree Address Change Open Enrollment Terminate Insurance

Retirement Date: _____ Spouse's Work Phone: () _____

Dependent Information

Full Name: _____
Last First M.I.

Social Security Number: _____

Birth Date: _____ Male Female Full Time Student? Yes No

Relationship: Spouse Child Other _____

Full Name: _____
Last First M.I.

Social Security Number: _____

Birth Date: _____ Male Female Full Time Student? Yes No

Relationship: Spouse Child Other _____

Additional Dependents *(List all additional dependents on a separate sheet and attach.)*



Delaware County Retiree Insurance Enrollment

Plan Selection

I DECLINE MEDICAL COVERAGE

64 and Under (rates listed are per month)

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

65 and Over (rates 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

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 1st of each month and that if payment is not received in full by the 15th 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.

Applicant Signature

Date