

**20-Year Retiree Selection Form
Health Benefit Options**

I am a 20-year Retiree, having qualified for continuation of benefits under my prior classified employment, having served the District for twenty or more years of service immediately prior to my separation from the District.

I hereby elect the following health benefits plan option (*please check*):

OPTION #1:

_____ ***Waive District-supported coverage and enroll for/maintain coverage under another group plan alternative (CASH-in-lieu)*** – I have coverage or will initiate coverage through another employer, spouse/domestic partner or military service. I will provide documentation of other coverage to the District who will reimburse me up to **\$200/per person/per month**. The maximum subsidy is **\$400 for member + spouse/DP**

OPTION #2:

_____ ***To enroll under a PLAN OF CHOICE such as Covered CA*** with similar CalPERS Choices, and receive similar compensation for the cost coverage. For example, if you choose a Gold plan for 80/20 coverage, then we deem it comparable to PERS Choice. Evidence proof of coverage and supporting documentation for payment are mandatory in order for us to apply direct pay reimbursement. You must prepay the FULL monthly premium and seeking reimbursement in arrears. Under this option, FHDA applies similar employee contribution rates as determined by the JLMBC.

OPTION #3:

_____ ***To enroll under Another Employer Plan*** with similar CalPERS Choices, and receive similar compensation for the cost coverage. For example, if you choose a Kaiser HMO plan, then we apply similar Kaiser employee contribution rate, or a PPO Plan for 80/20 coverage, then we apply PERS Choice monthly contribution rates. Evidence proof of coverage and supporting documentation such as monthly invoices and proof of payment for each applicable month are mandatory in order for us to apply direct pay reimbursement. You must prepay the monthly premium and seeking reimbursement in arrears. Under this option, FHDA applies similar employee contribution rates as determined by the JLMBC.

IMPORTANT: In an event that you moved on to work for other CalPERS Agencies after your termination of employment with FHDA, if the last agency on records with CalPERS is also a CalPERS health partner, then you may notify the District in requesting for a return to regular retiree status once you retired and become a CalPERS pensioner. It is your responsibility to notify the District regarding the life qualifying event, and provide evidence of proof of coverage with CalPERS within 30 days.

I understand I am responsible to choose and to determine the election that best meets my needs. I further understand my election is irrevocable. I also understand I am responsible for my contribution amount and any additional costs beyond the District's contributions based on my plan election.

Name (Print)

Signature

Date

