

## **Electronic Funds Transfer (EFT) Policy**

### **for Retirees**

### **(Including Surviving Spouses/Domestic Partners)**

**Electronic Funds Transfer Required to Initiate or Continue Health Benefits Effective July 1, 2012**

#### **Authorizing Electronic Funds Transfer:**

All retirees who wish to initiate or continue health insurance coverage through one of the FHDA-sponsored CalPERS Health plans are **required** to complete and submit the attached Electronic Funds Transfer (EFT) authorization form, along with a voided check (if using a checking account) from the Bank Account to be used for billing and reimbursements.

Submitting the EFT form will authorize required deposits to, and withdrawals from, the retiree's bank account for the monthly contribution associated with the retiree's elected benefits plan effective July 1, 2012 moving forward.

***(NOTE: You will not receive any paper invoices going forward; all transactions will be handled electronically)***

On or about the first of each month funds will be automatically deposited to, or withdrawn from, the retiree's bank account, based on the difference between the monthly health plan premium the retiree paid by deduction from his/her retirement check and the monthly contribution actually required of the retiree.

#### **How to activate EFT process?**

*You must complete a new EFT form and submit it to District HR/Benefits Unit to authorize deposits to, and withdrawals from, your checking/saving account.*

### **What if I Change Banks?**

If you change banks, you must notify the District HR/Benefits Unit immediately to avoid non-payment concerns.

### **Why is a Deduction Made from My Retirement Check?**

In accordance with the requirements for participating in the CalPERS Health plans, all retirees who are deemed Annuitants with CalPERS/CalSTRS (receiving a retirement check) are required to contribute their premium contributions to the cost of their health plans by deduction from their PERS or STRS retirement checks. The District then determines the difference between the deduction from the retiree's retirement check and the amount subsidized by the district and deposits to, or withdraws from, the retirees authorized bank account.

**What If My Retirement Check is Not Sufficient to Cover My Monthly Contribution for My Selected Health Plan?** Payment of the retiree's responsible portion is due in full on the first of each month; in the event a deduction from the retiree's retirement check is insufficient, a withdrawal from the retiree's bank account is required. Funds must be available on the date of withdrawal in order to fulfill the monthly contribution due.

### **What if I Am a Surviving Spouse/Domestic Partner?**

All Survivors must also complete an EFT Authorization for deposit to, or withdrawal from, the bank account to be used for billing and reimbursements within 30 days. Survivors who are not PERS/STRS Annuitants must pre-pay quarterly in accordance with current procedures.

### **Does This EFT Authorization Also Authorize Medicare Part B Premium Reimbursement**

**Deposits?** Yes, this also provides authorization to deposit Medicare reimbursement, if applicable. If a retiree has questions about his/her Medicare Part B reimbursement, please contact the District Office of Human Resources/Benefits Unit at 650-949-6224 or via email to: [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu).