

Los Angeles Unified School District Benefits Administration

HI-22

APPLICATION FOR CONTINUATION OF HEALTH BENEFITS

(Complete this form at least 3 months before you retire) Employee Number Last Name First Name Social Security Number Address City Zip Code Phone Number State Date of Birth **Email Address** Service Retirement Retirement Date Disability Retirement Classified **Process Date** Do Not Write in **Retirement Date Coverage Effective** Initials Certificated **Shaded Boxes** HEALTH PLANS (Select the plans you wish to be enrolled in at the time of retirement) **MEDICAL** Anthem Blue Cross EPO Anthem Blue Cross Select HMO (Retiree must be under 65) Health Net HMO/Health Net Seniority Plus Plan Kaiser Permanente HMO/Kaiser Senior Advantage Anthem Medicare Preferred (PPO) Medical Plan* No Medical Coverage * Retiree and/or their dependent must be over 65 and enrolled in Medicare Parts A & B. If the dependent is under 65 or over 65 with Medicare B only, they will be enrolled in Anthem Blue Cross EPO. DENTAL Aetna Dental PPO ☐ DeltaCare® USA DHMO ☐ Western Dental DHMO ☐ No Dental Coverage **VISION (2 - Full Year Plan Commitment)** EyeMed Vision Care ☐ VSP[®] Vision Care No Vision Coverage DEPENDENT INFORMATION (Social Security number is mandatory for all dependents. Attach additional pages if necessary) Note: If you have a dependent between age 19-25 please contact Benefits Administration for eligibility requirements. **SSN Last Name** First Name Relationship **Date of Birth** Gender Male Spouse Female Domestic Partner ☐ Non-Binary Male Female
Non-Binary MEDICARE INFORMATION (If you and/or your spouse is age 65 or older, you must attach a copy of your Medicare card.) Medicare A (Hospital) **Medicare B (Medical) Participant** Medicare Claim Number **Effective Date Effective Date** Retiree Spouse/Domestic Partner □No Is your spouse/domestic partner an LAUSD employee or retiree? Yes Employee # Retirement System: When you receive a "service retirement acknowledgment letter" (PERS) or the "Award Letter" (STRS) from your retirement system, please forward a copy to Benefits Administration. Your retirement benefits will remain in a pending status until receipt of this letter. Please indicate your retirement system below: ☐ State Teachers Retirement System (STRS) ☐ Public Employees Retirement System (PERS) THIS FORM WILL NOT BE PROCESSED UNLESS SIGNED AND DATED I understand this election will remain in effect as long as I remain eligible, or until I make another election during an annual enrollment period. I Internal Use hereby authorize any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay any claim under the plan selected. I want to enroll myself and my dependents listed above for participation in the plans elected. I understand that I am responsible for notifying the District of any change in the eligibility of my dependents and am responsible for premiums and claims incurred on behalf of ineligible dependents. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees and providers) is subject to binding arbitration. I certify under penalty of perjury that the above information is true and is accurate to the best of my knowledge and belief. I have read the Retirement with Health Benefits Eligibility Guidelines and agree to the terms and conditions set forth herein. Applicant's Signature Date:

If you change your address, you must notify Benefits Administration, or you may fail to receive important benefits information. Failure to receive information could result in the loss of your benefits.

Retirement with Health Benefits Eligibility Guidelines

TO RECEIVE COVERAGE AS A RETIRED EMPLOYEE, YOU MUST MEET THE FOLLOWING REQUIREMENTS:

- 1. Employee must be eligible or enrolled in District-sponsored health benefits and be in paid status on the selected retirement date.
- 2. Select any available plan you wish to be enrolled in at the time of retirement.
- 3. You must <u>resign</u> to <u>retire</u> from District service and be eligible to receive an allowance from your retirement system (CalSTRS or CalPERS) for either age or disability retirement the day after your District resignation. Your District resignation date and CalSTRS/CalPERS retirement date must be consecutive dates (may include weekend days).
 - You are not eligible for retirement health benefits if you separated, resigned without retiring, or were dismissed from District Service.
 - If there is a gap between your District resignation date and your CalSTRS/CalPERS retirement date, you will not be eligible for retirement health benefits.
- 4. You must receive a monthly retirement payment from your retirement system. If you take deferred retirement (that is, leaving funds on deposit with the retirement system for withdrawal at a later date) or a lump sum distribution, you are not eligible for these retirement benefits.
- 5. You must meet the following requirements:
 - a. For employees hired prior to March 11, 1984, five (5) consecutive years of qualifying service immediately prior to retirement shall be required in order to qualify for retiree health benefits for the life of the retiree.
 - b. For employees hired on or after March 11, 1984, but prior to July 1, 1987, ten (10) consecutive years of qualifying service immediately prior to retirement shall be required in order to qualify for retiree health benefits for the life of the retiree.
 - c. For employees hired on or after July 1, 1987, but prior to June 1, 1992, fifteen (15) consecutive years of qualifying service immediately prior to retirement shall be required, or ten (10) consecutive years immediately prior to retirement plus an additional ten (10) years which are not consecutive.
 - d. For employees hired on or after June 1, 1992, years of qualifying service and age must total at least eighty (80) in order to qualify for retiree health benefits. For employees who have a break in service, this must include at least ten (10) consecutive years immediately prior to retirement.
 - e. For employees hired on or after March 1, 2007 shall be required to have a minimum of fifteen (15) consecutive years of service with the District immediately prior to retirement, in concert with the "Rule of 80" eligibility requirement (section 4.0 (d) above) to receive employee and dependents' health and welfare benefits (medical dental and vision) upon retirement as provided for in this agreement.
 - f. For employees hired on or after April 1, 2009, years of qualifying service and age must total at least eighty-five (85) in order to qualify for retiree health benefits. This must include a minimum of twenty-five (25) consecutive years of service with the District immediately prior to retirement.
 - g. For School Police (sworn personnel), if you were hired on or after April 1, 2009, the employee's age plus the number of consecutive qualifying years of service, when added together, must equal 80 and you must have twenty (20) consecutive years of qualifying service immediately prior to retirement.
 - h. For AALA and SEIU employees hired on or after July 1, 2018, years of qualifying service and age must total at least eighty-seven (87) in order to qualify for retiree health benefits. This must include a minimum of thirty (30) consecutive years of service with the District immediately prior to retirement.
 - i. For CSEA employees hired on or after September 1, 2018, years of qualifying service and age must total at least eighty-seven (87) in order to qualify for retiree health benefits. This must include a minimum of thirty (30) consecutive years of service with the District immediately prior to retirement.
- 6. Medicare requirement (Effective January 1, 2010):
 - If you and/or your dependent reach/are age 65 or older, you must enroll and remain enrolled in Medicare Part B. If you do not enroll in Medicare Part B, you will lose your medical and prescription benefits until proof of enrollment is submitted.
 - If you and/or your dependent are eligible for Medicare Part A premium-free from the Centers of Medicare and Medicaid Services (CMS), you
 must enroll and remain enrolled in Medicare Part A.
 - If you are not eligible for Medicare Part A premium-free from CMS, you must verify ineligibility by providing LAUSD Benefits Administration with an ineligibility letter from CMS. Not complying with Medicare Part A requirements will negatively impact your health coverage.
- 7. Medicare requirements by Provider:
 - If you are a Kaiser member, you will be enrolled in Kaiser Senior Advantage. To be eligible, Medicare Part B is required, at the minimum, for California residents. Medicare Parts A and B are required for those who reside outside of California.
 - If you are a Health Net member, you will be enrolled in Health Net Seniority Plus. To be eligible, Medicare Parts A and B is required, and you must submit an enrollment form to Health Net. Enrollment form may be obtained from lausd.org/benefits/forms under the Medicare section.
 - If you are an Anthem member, you will be enrolled in either Anthem EPO for members with Medicare Part B only or Anthem Medicare Preferred PPO for members with Medicare Parts A and B.
- 8. **Life Insurance**: Conversion plans are available for both the Basic (District-paid) and Optional (employee-paid) life insurance plans. Also, a continuation decreasing term insurance plan is available for optional life insurance members. Upon retirement, the life insurance administrator will mail a conversion application to you. You may also contact the life insurance administrator.
- 9. **Flexible Spending Account (FSA)**: Employees who retire before the end of the plan year have 90 days following the termination date of their account to submit claims for reimbursement. All expenses must be incurred during employment. For more details, contact the FSA administrator.

If you meet the above requirements, you may be eligible for health benefits for yourself and your eligible dependents. Coverage will be effective the first day of the following month after all required forms and documents are received by Benefits Administration.

Complete and return this form along with copies of the required documents via fax, email, or mail:

Fax: (213) 241-4247 Los Angeles Unified School District - Benefits Administration Phone: (213) 241-4262

P.O. Box 513307 Los Angeles, CA 90051-1307

Website: lausd.org/benefits