

2019

After You Retire



Risk Management Department

City of Gainesville

01/30/2019

AFTER YOU RETIRE

To better serve you as one of the City of Gainesville's retirees the Risk Management Department has developed this publication to help you with questions that may arise after you leave employment.

YOUR RETIREMENT BENEFIT PAYMENT

Your monthly retirement benefit payment will be credited to your account on **the last day of the month**. Retirement benefit payments will be transferred electronically to your account at your bank or other financial institution by direct deposit through Electronic Funds Transfer. No check will be written and mailed to you or your bank. Direct deposit offers you convenience, security, and peace of mind. There is no chance of your check being lost or delayed. If you retired in the middle of a month your first payment will be a partial payment for the actual time you are retired. Your full retirement check will begin the following month.

CHANGES TO YOUR DIRECT DEPOSIT OR W4P

Changes to your Direct Deposit or W4P are done through the payroll department. If you change your account number, change your bank or other financial institution; please contact the Payroll Department at 352-334-5057 or by email cityret@cityofgainesville.org to request the direct deposit form. After you have completed the form it can be mailed to:

City of Gainesville Payroll Department
PO Box 490 Station 15
Gainesville, FL 32627-0490

or faxed to 352-334-2271. Do not forget to attach a voided check to the form. **REMEMBER!** If you do not submit a direct deposit form no payment will be made to you until this form is completed.

If you wish to change your income tax withholding you will need to complete a new W4P. These forms are available through the IRS website www.irs.ustreas.gov/formspubs/ or the Payroll Department. After completion you need to submit the W4P to the Payroll Department at:

City of Gainesville Payroll Department
PO Box 490 Station 15
Gainesville, FL 32627-0490

ADDRESS CHANGES

Address changes for retirees are done through the Risk Management Department on a change of address form or email. These requests must be in writing to insure accuracy. Important information and documents (such as your annual 1099R) are mailed to your home address. Changes of address must also be reported by Risk Management for your health insurance coverage. Any information regarding retirees will be emailed to the retiree using their email address on file (such as annual recertification). Please keep this information current.

NAME CHANGES

If your name changes while you are retired please notify the Risk Management Department. They will need to see your social security card with your new name in order to make any changes. If you are on the City's Retiree Health Insurance you will also need to notify Risk Management so the Plan has your correct name on your policy.

COST OF LIVING INCREASES (COLA)

COLA increases are reflected on your October retirement check (issued October 31) following your birthday. These increases will be implemented according to the ordinance provisions governing your retirement benefit as stated in the City of Gainesville's Code of Ordinances.

General Pension Plan

Members with 20 or more TYS on 10/1/2012 hired prior to 10/01/2012

- 20 to 25 years of service 2% COLA begins at age 62
- 25 or more years of service 2% COLA begins at age 60

Members with less than 20 TYS on or after 10/1/2012 & hired prior to 10/01/2012

- 25 years of service 2% COLA begins at age 65

Members hired on or after 10/1/2012

- 30 or more years of service 2% COLA begins at 65

Consolidated Pension Plan- Certified Police Officers Retiring After 7/1/2013

Members with 20 or more TYS on 7/1/2013 hired prior to 7/1/2013

- 20 to 25 years of service 2% COLA begins at age 62
- 25 or more years of service 2% COLA begins at age 55

Members with less than 20 TYS on 7/1/2013 hired prior to 7/1/2013 or hired on or after 7/1/2013

- 25 years of service 1% COLA beginning at age 55
- 25 years of service COLA increased to 2% beginning at age 62

Consolidated Retirement Plan (Firefighters)

- 20 to 25 years of service 2% COLA begins at age 62
- 25 or more years of service 2% COLA begins at age 55
- Using the rule of 70 2% COLA begins at age 62

HEALTH INSURANCE

Upon retirement you will be sent notification from COBRA. If you have elected to remain on the City's Health Insurance Plan, a City Medicare Supplement or have elected insurance somewhere else, you do not need to elect health insurance again under COBRA. If you had dental or vision insurance before you retired you may continue dental or vision insurance upon retiring for up to 18 months.

If you have elected the City of Gainesville's retiree health insurance or Medicare Supplement Plan and do not see the deduction from your 2nd retirement check, contact Risk Management to clarify any issues that may have accidentally occurred. If you retired in the middle of the month you will be covered as an active employee through that month. Your retiree health insurance premiums will begin with your first full retirement check.

There is no rate reduction in your City Health Insurance upon reaching Medicare eligibility. However to receive the most benefit through both Medicare, the City's Retiree Health Insurance or the City's Medicare Supplement Plan you need to elect Part B of Medicare.

As a reminder regardless of your present coverage under the Retiree Health Insurance plan, **you will be allowed to opt out of the plan and re-enter only one time at a future date**. To do so you must contact the Risk Management Department.

The City of Gainesville is expanding its offerings to our Retirees by offering a subsidy towards supplemental Medicare plans. You will have a choice of a Part F supplement plan that will cover Part A copays, B deductible and co-insurance and excess charges. In addition, you will be able to select a Medicare Part D plan for prescriptions. You must sign-up by the 15th of the prior month that you want the coverage to become effective. *In most cases choosing these plans over the City Group health plan will reduce your premium cost.*

Election of an alternative Medicare Option is not an election to "opt out" of the City of Gainesville's Retiree Health Plan. This election will allow eligible retirees to utilize the City's premium subsidy towards one of the Medicare Options offered by the City.

Annually you will receive notification to enroll in the City of Gainesville's Health Insurance or Medicare Supplement Plan for retirees. These meetings are usually scheduled for the fall and are for the plan changes beginning in January of the next year.

Reminder: You need to sign up for Medicare close to your 65th birthday, even if you will not be retired by that time. (If you are getting Social Security benefits when you turn 65, your Medicare Hospital benefits (Part A & B) start automatically.)

Changes to your Health Insurance or City Medicare Supplement can only be made during Open Enrollment or if you have encountered a qualifying event such as coverage through another employer, marriage, divorce, or termination or commencement of your spouse's employment which results in the gaining or loss of eligibility for coverage. Changes occurring due to a qualifying event **must be made within 30 days of the event**. Contact the Risk Management Department for further assistance.

RETIREE HEALTH SAVINGS (RHS)

If you have a RHS account and wish to be reimbursed from your account you must complete the claim form and attach copies of the receipts you are wishing to be reimbursed for. This is then mailed to the address at the bottom of the reimbursement form. Only medical expenses are eligible for reimbursement, including health insurance premiums, vision and dental care.

RHS participants also have the option of having authorized reimbursements deposited directly to their bank accounts by completing a Vantagecare RHS Plan Direct Deposit Authorization form. This can be done online through your ICMA-RC online account access. All forms are found online through ICMA-RC.

CITY LIFE INSURANCE

The City of Gainesville paid for life insurance for you while you were an active employee of the City. When you retired this benefit reduced to 1/2 of what it was while you were an active employee (up to a maximum of \$50,000). Each year on the anniversary of your retirement this benefit reduces approximately \$5000 per year until it reaches \$5000 at which point it will remain until such time as your beneficiary applies for the benefit following your death. The beneficiary of your City life insurance policy is listed on the card you completed while still employed with the City. If you have a change to whom you wish your life insurance to be paid, please update your beneficiary card ASAP through the Risk Management Department (352-334-5045) where all claims must be filed. A certified copy of your death certificate stating the cause of death is needed for processing the claim.

POST-TAX PENSION CONTRIBUTIONS

Pension Plan contributions made through December 31, 1997, were made after you had paid Federal Withholding Taxes on the amounts contributed. At retirement, you will begin receiving these contributions as part of your monthly pension check based on your life expectancy as determined by the IRS. That amount attributable to your contributions is tax-free income since you have paid the taxes on it at the time you made the contributions.

At retirement you were given a letter stating the amount you had paid in already taxed contributions. In order to determine the amount of tax-free income you can claim each year, you or your tax preparer should obtain ***IRS PUBLICATION 575, PENSION & ANNUITY INCOME***. This publication explains how you can determine the amount of your total retirement income that is taxable and the amount of your retirement income that is not taxable. If you have lost your letter indicating your post tax contributions contact Risk Management (352-334-5045) for additional copies.

ANNUAL RECERTIFICATION

Each year you will be required to recertify as a retiree of the City. You will be asked to recertify using an online document. You will need your 10-digit Retiree ID# which is found under your name on your direct deposit paystub. Your Retiree ID# is different than your employee ID#. Notifications will be emailed to the email address you have on file. If not received, additional notices will be emailed and mailed to your home address until recertification has been completed. ***Failure to complete recertification may affect you receiving your pension benefit.***

SURVIVOR BENEFITS

The Risk Management Department should be informed shortly after either your death or your joint annuitant's death. Your beneficiary will be informed if any future benefits are payable and if any forms need to be completed. Your estate is entitled to the full monthly benefit paid at the end of the month of your death. Example—Retiree dies April 2, the full monthly retirement will be paid to the estate or beneficiary for the month of April.

REHIRED RETIREES

The City of Gainesville's defined benefit plans (Plans) are qualified pension plans subject to the Internal Revenue Code and Income Tax Regulations. These laws and regulations require actual retirement before a member may receive a retirement benefit. For example, "if both the employer and employee know at the time of 'retirement' that the employee will, with reasonable certainty, continue to perform services for the employer, a termination of employment has not occurred upon 'retirement' and the employee has not legitimately retired." ***Retirement benefit payments will not be issued to City employees who do not legitimately retire.***

EMPLOYEE HEALTH SERVICES

As a retiree you are still able to use the services provided by Employee Health Services. Please call 352-334-5037 for an appointment. Many services are free. The following are examples of services available to you:

- Tetanus injections
- Flu shots (retirees & spouses)
- Blood Pressure and Blood Sugar checks
- Hepatitis A & B vaccines
- Blood Draws – Health Panel (includes electrolytes, iron, kidney function, liver function, glucose, cholesterol) and PSA

PRO CLUB

As a retiree of the City of Gainesville, you are still eligible to participate in the in the City's ProClub wellness program. Visit the Risk Management website at:

www.cityofgainesville.org/GOVERNMENT/CityDepartmentsNZ/RiskManagementDepartment/tabid/303/Default.aspx for more information.

VOLUNTARY BENEFITS

Health Insurance is the ONLY voluntary benefit available to Retirees once they leave employment with the City of Gainesville.

If you were contributing to a flexible spending account while working with the City you have **90 days** from your last day of employment to submit your receipts for reimbursement. You will be able to be reimbursed back for up to the amount you have contributed through your last paycheck as an active employee with the City of Gainesville. Contact the 125 Company for further information.

If you are participating in one of the City's Dental Plans or Vision Plan you may continue your coverage through COBRA for 18 months. You will receive information within a few weeks of your retirement for COBRA enrollment.

For information on your Long Term Care Policy contact BCBS regarding portability information.

Contact all other vendors directly for information regarding your ability to continue coverage directly through them after retirement. Contact information is available at the end of this publication.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals will be required to pay the entire premium for coverage up to 102 percent (102%) of the cost to the plan.

Retirement is considered a Life Qualifying Event (end of employment) and therefore the City of Gainesville's COBRA provider will notify you of the options available to you for continued health related benefits.

If as an active employee you elected one of the City's Dental or Vision Plan you may continue coverage under COBRA for 18 months. However you must elect this coverage within 60 days of retirement.

Life insurance is not considered "medical care," nor are disability benefits; and COBRA does not cover plans that provide only life insurance or disability benefits. You may be able to convert your life insurance policies

through Assurant or Midland through the company itself. However you must contact them for further information.

If you have elected to participate in the City of Gainesville's Retiree Health Insurance Plan DO NOT ELECT Health Insurance under COBRA. Electing health insurance under COBRA and through the City's Retiree Health Insurance Plan means you are paying for coverage twice with no additional benefit only an additional expense.

RETIREMENT ANNUITY OPTION DESCRIPTIONS

The Option Election you have chosen is designated on your Application for Pension and/or your Option Election Form. Below is a description of the options as explained to you when you retired or entered DROP.

CONSOLIDATED RETIREMENT PENSION PLAN (Police & Fire)

- **LIFE ANNUITY WITH 10 YEAR LIFE & CERTAIN** – One hundred percent benefit payable to the retiree. Upon death of retiree, all benefits stop except in the event the retiree has not received a retirement benefit for 10 years, this benefit will continue to the named beneficiary or beneficiaries until benefits have been paid for 10 years following retirement.
- **LIFE ANNUITY** - One hundred percent of benefit payable to the retiree. Upon death of retiree, all benefits stop.
- **JOINT AND SURVIVOR** - Actuarial reduced benefit payable to the retiree, based upon a 10 year Life & Certain benefit. At retiree's death only, two-thirds (2/3) of retiree's benefit is payable to a designated beneficiary for the remainder of the beneficiary's life. If survivor dies before retiree, benefit does not reduce.
- **JOINT AND LAST SURVIVOR** - Actuarial reduced benefit payable to the retiree, based upon a 10 year Life & Certain benefit. At the death of **either** the retiree **OR** beneficiary, whoever shall remain living shall receive benefits based upon the designated percentage elected below. It doesn't matter who dies first, the benefit will reduce to the percentage elected to either the retiree or survivor.
 - 100% of benefit continues
 - 75% of benefit continues
 - 66% of benefit continues
 - 50% of benefit continues

GENERAL EMPLOYEE'S PENSION PLAN

- **LIFE ANNUITY** - One hundred percent of benefit payable to the retiree. Upon death of retiree, all benefits stop.
- **JOINT AND SURVIVOR** - Actuarial reduced benefit payable to the retiree. At retiree's death only, two-thirds (2/3) of retiree's benefit is payable to a designated beneficiary for the remainder of the beneficiary's life. If survivor dies before retiree, benefit does not reduce.
- **JOINT AND LAST SURVIVOR** - Actuarial reduced benefit payable to the retiree. At the death of **either** the retiree **OR** beneficiary, whoever shall remain living shall receive two-thirds (2/3) of the retiree's benefit for the remainder of the survivor's life. It doesn't matter who dies first, the benefit will reduce two two-thirds (2/3) to either the retiree or survivor.

DIRECT DEPOSIT INFORMATION – NEW RETIREE

I, _____, employee ID# _____, hereby authorize **The City Of Gainesville, Florida**, hereinafter called **CITY**, to automatically deposit payroll-related fund, as indicated below, to the **Depository and Account Number(s) specified**.

Deposit to the same account as active employee Change Start

DEPOSITORY (Bank/Credit Union):		
CITY:	STATE:	ZIP:
BK/TRANSIT/ABA NO NUMBER:		
Account Number	Account Type	Amount to be Deposited
	CHECKING <input type="radio"/> SAVINGS <input type="radio"/>	
IF YOU ALSO WANT TO DEDUCT AN AMOUNT TO GO TO A DIFFERENT ACCOUNT NUMBER, PLEASE COMPLETE THE LINE BELOW. IF YOU WANT THIS SPECIFIED DEPOSIT TO GO TO A DIFFERENT BANK OR CREDIT UNION, PLEASE USE AN ADDITIONAL FORM.		
Account Number	Account Type	Amount to be Deposited
	CHECKING <input type="radio"/> SAVINGS <input type="radio"/>	

Yes! I would like to receive a copy of my monthly retirement check stub via e-mail.
 Email address: _____

This authorization is to remain in full force and effect until I provide the City written notification of a change in the depository information. I UNDERSTAND THAT THE AVAILABILITY OF FUNDS IS SUBJECT TO THE ABOVE-NAMED DEPOSITORY'S POLICIES AND PROCEDURES.

EMPLOYEE'S SIGNATURE _____ DATE _____

FOR NEW CHECKING ACCOUNTS – ATTACH VOIDED CHECK

1. Check must show name, bank routing number and account number. **Do not substitute a deposit ticket.**
2. If you cannot attach a voided check, we will accept a copy of your bank statement that includes your name, account number and routing number. **Please black out all financial information on the statement.**
3. **The name on the account must include the name of the employee or the name of a legal power of attorney.** In the latter case, you must furnish a certified copy of the power of attorney to the payroll office.
4. If you are only changing the amount of an existing specified deposit, the above does not apply.

FOR SAVINGS ACCOUNTS – ATTACH A COPY OF YOUR MOST RECENT STATEMENT

Please black out all financial information on the statement

**DO NOT WRITE BELOW THIS LINE
PAYROLL USE ONLY**

POSTED BY _____ DATE _____

VERIFIED BY _____ DATE _____

For additional information or questions contact the City of Gainesville's payroll department at 352-334-5057

RETURN THIS FORM TO PAYROLL DEPARTMENT BOX 15

**Withholding Certificate for
 Pension or Annuity Payments**

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2018.

General Instructions

Section references are to the Internal Revenue Code. Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2018 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it. You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax

withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for
 Pension or Annuity Payments**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►

2 Total number of allowances and marital status you're claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ►

Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$

Your signature ► _____ Date ► _____

RETIREE ADDRESS AND INFORMATION CHANGE FORM

NAME: _____ SS#: _____

HOME ADDRESS	MAILING ADDRESS
Street/Apt# : _____	Street/P.O. Box: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____	Zip: _____
Telephone: _____	
Email : _____	

NAME CHANGE
Attach Copy of Updated Social Security Card
Previous Name: _____
Effective Date: _____
New Name: _____
Marital Status: _____

**REMEMBER TO UPDATE YOUR BENEFICIARY INFORMATION IN RISK MANAGEMENT
WHEN APPROPRIATE**

Retiree Signature _____
Date

Attention: If you have an ICMA-RC 457 Account, Roth IRA or Retiree Health Savings Account (RHS) you must update your information separately at www.icmarc.org or contact 1-800-669-7400.

Return this form to the Risk Management Department Box 60

CONTACTS TO KNOW

City of Gainesville

Risk Management Department 352-334-5045 Fax # 352-334-3102

222 East University Ave.

Station 60

Gainesville, FL 32601

Email: DG_riskwebinfo@cityofgainesville.org

Payroll Department 352-334-5057 Fax # 352-334-5057

200 East University Ave.

Station 15

Gainesville, FL 32601

Email: cityret@cityofgainesville.org

Employee Health Services 352-334-5037 Fax# 352-334-3185

222 East University Ave.

Station 44

Gainesville, FL 32601

Human Resources Department 352-334-5077 Fax # 352-334-2055

222 East University Ave.

Station 20

Gainesville, FL 32601

ICMA Retirement Corporation 1-800-669-7400 www.icmarc.org

Adam Ferguson Retirement Plan Specialist, afterguson@icmarc.org

Phone: 1-866-328-4672 Fax: 386-462-5712

457 Deferred Compensation, Roth IRA, and Retiree Health Savings Plans

VantageCare Retirement Health Savings (RHS) Plan 1-888-587-9441

c/o Meritain Health, Inc.

P.O. Box 30136

Lansing, MI 48909-7611

Florida Blue claims 1-800-322-2808

Claims management 352-337-2511 x24107

www.FloridaBlue.com

Social Security Gainesville Office 352-375-4178

Request a Social Security Statement

www.socialsecurity.gov

Social Security Retirement Planner

www.ssa.gov/retire2/

IRS www.irs.ustreas.gov/formspubs/

IRS withholding calculator www.irs.gov/individuals/index.html

Medicare 1-800-633-4227 www.medicare.org

SHINE –Serving Health Insurance Needs of Elders www.floridashine.org/index.html

Other Benefit Provider Contact Numbers

AFLAC Tammy_gardner@us.aflac.com	1-800-992-3522	866-429-05166 Fax
Assurant/Fortis Life Insurance Portability	1-866-909-6065	
Legal Shield www.legalshield.com/info/cityofgainesville	352-317-7500	
Long Term Care (BCBS)	1-888-202-3393	
McGriff Williams Insurance Medicare Supplement Plans	352-371-7977	
Midland National Life Insurance www.mnlife.com	1-888-351-3547	
125 Company www.125company.com	1-800-787-3539	