



RETIREMENT APPLICATION PACKET CHECKLIST

FOR EMPLOYEES OF THE COUNTY OF MARIN

THIS PACKET CONTAINS THE FOLLOWING DOCUMENTS:

- Retirement Information sheet
- Benefit Plan Information sheet
- Retirement Application form
- Certification form
- Direct Deposit form
- MCREA Address Release form (optional)
- Federal and California State Tax Withholding forms

YOU MAY USE THE CHECKLIST BELOW AS A GUIDE TO ENSURE THAT YOU RETURN A COMPLETE RETIREMENT APPLICATION PACKET TO MCERA:

- Signed Retirement Information sheet
- Signed Benefit Plan Information sheet
- Completed Retirement Application form
- Completed Certification form
- Completed Direct Deposit form (as applicable)
- Completed MCREA Address Release form (as applicable)
- Federal and California State Tax Withholding forms (as applicable)
- Certified copy of each beneficiary's birth certificate
- If beneficiary is a spouse, a certified copy of a government-issued marriage license
- If beneficiary is a domestic partner, a certified copy of the State of California Domestic Partnership Registration

IF YOU HAVE PREVIOUSLY BEEN MARRIED OR WERE A DOMESTIC PARTNER WITH AN INDIVIDUAL WHO IS ENTITLED TO A PORTION OF YOUR BENEFITS, PLEASE ALSO INCLUDE:

- Certified copy of dissolution documents, as applicable
- Certified copy of a court-filed property settlement relating to issuance of retirement benefits and/or Qualified Domestic Relations Order (QDRO)

SUBMIT COMPLETED RETIREMENT APPLICATION PACKET TO:

MCERA
One McInnis Parkway, Suite 100
San Rafael, CA 94903
(415) 473-6147



RETIREMENT INFORMATION

FOR EMPLOYEES OF THE COUNTY OF MARIN

(PLEASE PRINT)

APPLICANT INFORMATION:

NAME _____

SOCIAL SECURITY NUMBER _____

The following information is provided to familiarize prospective retirees with the basic retirement procedures and benefits. This information is not intended to be all-inclusive and any questions you may have should be directed to the Retirement Office, at One McInnis Parkway, San Rafael, telephone number (415) 473-6147.

1. APPLYING FOR RETIREMENT

Applications can be obtained from the Retirement Office, One McInnis Parkway, San Rafael, and should be submitted no later than the day before your retirement and no earlier than sixty (60) days prior to your date of retirement. We strongly recommend that you submit your application not less than thirty (30) days prior to your planned retirement.

Three components determine the amount of the monthly retirement allowance. They are (1) your age at the time of retirement, (2) your length of service (including any buybacks), and (3) your highest one- or three-year's compensation, called "final compensation", as applicable. Unless otherwise requested, the final compensation used to compute benefits will be the most recent period of employment.

2. BENEFITS

MEDICAL & DENTAL - Medical and dental coverage as a retiree is available if the employee has at least 5 years of credited County service and maintains continuity of coverage. The premium amount that is offset by the County is dependent upon the retiree's date of membership. At the time of retirement, a member whose date of membership predates October 1, 1987, will have three choices for the payment of medical and dental premiums. Those employees who become members on or after October 1, 1987, but prior to October 1, 1993, will be presented with two choices at the time of retirement. A member whose date of membership was on or after October 1, 1993, will be subject to the policy that was in effect at the time of membership. For greater detail, please see the attached analysis.

LIFE INSURANCE - The life insurance you have as an active employee ceases upon termination of your County employment.

If you retire with 20 or more years of credited County service you are eligible to receive a life insurance benefit in retirement. The insurance coverage is a decreasing term policy that is tied to the amount of your coverage as an active employee at the time of retirement, but never less than \$10,000. The cost of this coverage is paid 100% by the County.

MEDICARE – County retirees on Medicare will be eligible to be reimbursed for the basic monthly Part B Medicare premium within the Benefit Plan Structure if (1) the retiree has medical coverage through the County, (2) the retiree maintains both Parts A and B of Medicare, and (3) Medicare is the primary provider. Retirees with Kaiser insurance must join the Kaiser Senior Advantage program.

RETIREEES MUST NOTIFY THE RETIREMENT OFFICE WHEN THEY OBTAIN THEIR MEDICARE CARD. A copy of your Medicare card showing Part B enrollment must be on file with the Retirement Office in order to receive the reimbursement.

DEATH BENEFIT - Upon the death of a member, survivors may be eligible to receive an additional death benefit.

NOTES ON BENEFITS

Dependent coverage is available under Kaiser, Prudent Buyer Classic, Prudent Buyer Plus, and Delta Dental. The cost of dependent coverage is paid for by the retiree, with the possible exception of the 30-year employee. Dependents may not be added after retirement, unless within 30 days of marriage, birth or adoption.

Retiree medical coverage **MUST** be the same coverage as was in effect on your last working day as an employee and there must not have been any break in coverage. Delta Dental coverage **MUST** have been in force for one full year prior to the date of retirement to assure eligibility for dental coverage.

Retirees are **NOT** allowed to switch health coverage from one carrier to another after retirement excepting those retirees who have Kaiser coverage and relocate to an area not serviced by Kaiser. Retirees who relocate outside of the Kaiser service area will only be permitted to convert to the Prudent Buyer Plus plan. Subsequent relocation to a Kaiser service area does not entitle retirees to reinstate their Kaiser coverage.

CONTINUITY OF HEALTH COVERAGE MUST BE MAINTAINED from employment, throughout the application process and into retirement to maintain coverage eligibility. Coverage for you or your dependents is effective on the first day of the month following retirement. Should a lapse in coverage occur following cessation of employment or at any time during your retirement it will be considered a break in coverage, and re-entry to the medical plan will not be permitted.

Upon cessation of active employment, your coverage will be 'cancelled' as an active employee at the end of the period through which premiums have been paid. You will subsequently be 'enrolled' as a retiree on the first day of the following month. Between your last date of coverage as an active employee and the date of enrollment as a retiree, which is always the first day of the following month, you are eligible for COBRA coverage. Please contact the Payroll Department for further information on COBRA. Please note that even though the re-enrollment process may take several weeks to complete, so long as coverage is continuous, utilizing COBRA or paying your premium directly until the end of the month does **not** constitute a lapse in coverage.

3. COST OF LIVING ADJUSTMENTS

Any potential annual cost of living adjustments (COLA) to retirement allowances are paid as of April 1 of each calendar year. In order to receive a cost of living adjustment, you must be a retiree **on** March 31.

4. INCOME TAX

A portion of your monthly benefits may be excludable from your gross income for Federal and/or California State income tax purposes. The Retirement Office does not and cannot give tax advice. Contact your accountant or other reliable tax consultant for advice.

I have read and understand the information contained above.

APPLICANT SIGNATURE

DATE



BENEFIT PLAN INFORMATION

FOR EMPLOYEES OF THE COUNTY OF MARIN

(PLEASE PRINT)

APPLICANT INFORMATION:

NAME _____

SOCIAL SECURITY NUMBER _____

BENEFIT PLAN 1

Eligibility: A. Membership prior to October 1, 1987; and
 B. 5 years of credited County service; and
 C. Continuity of coverage.

Level of Benefit: The County of Marin pays 100% of the retiree's medical and dental premiums. The County reimburses the Medicare Part B premium.
 Dependent coverage is available and is paid by the retiree.

BENEFIT PLAN 2

Eligibility: A. Membership prior to October 1, 1993 or eligibility for Benefit Plan 1; and
 B. 5 years of credited County service; and
 C. Continuity of coverage.

Level of Benefit: The County of Marin pays up to \$2,275 per year to offset the cost of the retiree's medical and dental coverage, and reimbursement of the Medicare Part B premium. Anything above this amount is paid by the retiree.
 Dependent coverage is available paid by the retiree.

BENEFIT PLAN 3

Eligibility: A. Membership on or after October 1, 1993, or eligibility for Benefit Plan 1 and/or Benefit Plan 2; and
 B. 5 years of credited County service; and
 C. Continuity of coverage.

Level of Benefit: The County of Marin pays an allocation factor per year of credited County service (not including sick leave credit, golden handshakes, or public service buybacks), up to a maximum of 20 years. The allocation factor is applied to offset the premiums for medical and dental coverage and reimbursement of the Medicare Part B premium. Anything above this amount is paid by the retiree.
 Dependent coverage is available paid by the retiree, unless the retiree has 30 years of credited County service. In this case, the County of Marin will also pay the above stated allocation factor for the spouse. Anything above this amount is paid by the retiree.

BENEFIT PLAN 4

- Eligibility:**
- A. Membership on or after January 1, 2008, or eligibility for Benefit Plan 1, and/or Benefit Plan 2, and/or Benefit Plan 3; and
 - B. 5 years of credited County service; and
 - C. Continuity of coverage; and
 - D. 5 years of continuous coverage by the same carrier and plan.

Level of Benefit: The County of Marin pays \$150 dollars per year of credited County service (not including sick leave credit) up to a maximum of 20 years (\$3000 annual maximum). Anything above this amount is paid by the retiree.

Dependent coverage is available paid by the retiree.

There is no 30 year spousal allocation.

I have read and understand the information contained above.

APPLICANT SIGNATURE

DATE



RETIREMENT APPLICATION

FOR EMPLOYEES OF THE COUNTY OF MARIN

(PLEASE PRINT)

1. PERSONAL INFORMATION:

APPLICANT

LAST NAME

STREET ADDRESS

FIRST NAME

CITY / STATE / ZIP

SOCIAL SECURITY NUMBER

TELEPHONE

SPOUSE/DOMESTIC PARTNER

LAST NAME

SOCIAL SECURITY NUMBER

FIRST NAME

2. RETIREMENT DATE: _____

[NOTE: Retirement date must be different than your planned last day of employment.]

3. EMPLOYMENT INFORMATION:

EMPLOYER

LAST POSITION HELD

DEPARTMENT

PLANNED LAST DATE OF EMPLOYMENT

4. BENEFICIARY INFORMATION:

[NOTE: Nomination of beneficiary/beneficiaries below supercedes any previous beneficiary election. You may add additional beneficiaries on a separate page, if necessary.]

PRIMARY

NAME

SOCIAL SECURITY NUMBER

RELATIONSHIP TO MEMBER

DATE OF BIRTH

ADDRESS

MARRIAGE/DOMESTIC PARTNERSHIP
REGISTRATION DATE (IF APPLICABLE)

TELEPHONE NUMBER

SECONDARY

NAME _____

SOCIAL SECURITY NUMBER _____

RELATIONSHIP TO MEMBER _____

DATE OF BIRTH _____

ADDRESS _____

MARRIAGE/DOMESTIC PARTNERSHIP
REGISTRATION DATE (IF APPLICABLE) _____

TELEPHONE NUMBER _____

5. HEALTH INSURANCE INFORMATION:

I currently have the following types of benefit coverage and wish to continue coverage as indicated below. [NOTE: MCERA will make deductions from your monthly retirement allowance to pay for the coverage elected.]

MEDICAL

	Currently <u>Have</u>	Continue for <u>Myself</u>	Continue for <u>My Dependents</u>
Kaiser High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue Cross Prudent Buyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue Cross Prudent Buyer Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DENTAL

	Currently <u>Have</u>	Continue for <u>Myself</u>	Continue for <u>My Dependents</u>
Delta Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

NAME _____	DATE OF BIRTH _____	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	DATE OF BIRTH _____	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	DATE OF BIRTH _____	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	DATE OF BIRTH _____	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	DATE OF BIRTH _____	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	DATE OF BIRTH _____	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I hereby make application for a service retirement. Additionally, I acknowledge that to be eligible for any cost of living adjustment that may become payable on April 1st, I must be retired before April 1st.

APPLICANT SIGNATURE _____

DATE _____

SPOUSE/DOMESTIC PARTNER SIGNATURE _____

DATE _____



CERTIFICATION

(PLEASE PRINT)

APPLICANT INFORMATION:

NAME

EMPLOYER

SOCIAL SECURITY NUMBER

RETIREMENT DATE

The Board of Retirement for the Marin County Employees' Retirement Association (MCERA) has determined that, as of November 1, 2008, Normal Retirement Age (NRA) is fifty-nine (59) for miscellaneous members and fifty (50) for public safety members. All MCERA members who apply to retire before they reach their NRA must complete and attest to the following statements:

- 1. Immediately prior to my retirement, I have been a _____
(SAFETY or MISCELLANEOUS) member of MCERA.
- 2. On my date of retirement I will be _____ years of age.
- 3. Please select one:
 - I will have reached Normal Retirement Age (NRA) by my retirement date noted above.
 - I will not have reached Normal Retirement Age (NRA) by my retirement date noted above.
- 4. No employer who is a MCERA plan sponsor has offered to hire me after I retire from my employer noted above and begin to receive a retirement allowance from MCERA.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing information is true and correct.

APPLICANT SIGNATURE

DATE



**ADDRESS RELEASE FORM
MARIN COUNTY RETIRED EMPLOYEES ASSOCIATION
(OPTIONAL)**

(PLEASE PRINT)

APPLICANT INFORMATION:

NAME

SOCIAL SECURITY NUMBER
(FOR IDENTIFICATION PURPOSES ONLY)

By signing below, I hereby authorize the Marin County Employees' Retirement Association (MCERA) to release only my name and current mailing address and no other personal information to the Marin County Retired Employees' Association (MCREA). This authorization shall remain in effect unless and until I notify MCERA in writing that I wish to revoke this authorization.

APPLICANT SIGNATURE

DATE