



Exit Guide for Employees Leaving SHA Employment

2017

Seattle Housing Authority
190 Queen Anne Ave North
Seattle, Washington 98109

MEMORANDUM

To: Seattle Housing Authority (SHA) Employee

From: Human Resources

Re: Benefits

We are giving you this “Exit Guide for Employees Leaving SHA Employment” which we hope will assist you in understanding your benefit options upon leaving employment with SHA. This Exit Guide explains your options for continuing your coverage under SHA’s health care and insurance programs after you leave SHA employment. It also provides information about other optional benefits. This Guide does not apply to employees who are taking a leave of absence.

It is your responsibility to read these materials and ask questions about what you don’t understand. We are here to help you in any way we can with respect to your benefits—understanding when they will end, what options are available to continue your benefits, and working with you through this process—both before SHA-paid benefits end, and possibly long after that if you continue medical coverage through either COBRA, or the Retiree Medical plan. However, Human Resources staff cannot recommend or counsel you on your selection. We are not licensed insurance agents, and cannot offer financial advice.

If you are going to retire at this time, or possibly within the next 18 months, it is especially important and advisable that you meet with us to make sure you fully understand what your medical insurance options are as a retiree. If you don’t enroll in the retiree medical plan at the time you retire, or within the 18-months you are on COBRA, you will not be able to enroll at a later time.

Please don’t hesitate to call Human Resources at 615-3328, to set up a meeting to go over your questions or concerns.

Summary Checklist

If you separate from SHA employment, you have **30 days** to request conversion to an individual Life, AD&D, LTD, LTC and HAIG insurance policy, or elect a medical plan through the health insurance exchange. If you are retiring from SHA employment, you must elect your medical coverage *before* your retirement date.

Employee Considerations	Timeframe
<input type="checkbox"/> If retiring, contact the Washington State Retirement Office to start the process	At least 90 days before you retire
<input type="checkbox"/> Verify your current address with Human Resources.	Before you leave.
<input type="checkbox"/> Return your ORCA pass to Human Resources.	Before you leave.
<input type="checkbox"/> Apply for optional insurance continuation (GTL, AD&D).	Within 30 days from your last date of coverage on a City plan.
<input type="checkbox"/> Apply for LTC continuation of Coverage	Within 30 days from your last date of coverage on SHA plan.
<input type="checkbox"/> Apply for HAIG conversion	Within 31 days from your employment end date.
<input type="checkbox"/> Washington Deferred Compensation	As needed.
<input type="checkbox"/> Elect Medical/Dental/Vision/FSA COBRA Coverage.	Within 60 days from the date of your COBRA notification letter.
<input type="checkbox"/> Elect City retiree medical plan, if eligible.	Within 30 days from last day of SHA service.
<input type="checkbox"/> Elect a plan through the health insurance exchange	Within 30 days from last day of SHA service.

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Your Benefits

Health Care Benefits

Your medical, dental and vision coverages end the last day of the month you separate from SHA employment. The following information will help you decide which benefits, if any, you wish to keep after your employment ends. Some benefits can be continued by paying the premiums yourself; others can be converted from group policies to individual ones. Please contact Human Resources to request for conversion forms at (206) 615-3328.

Note: an employee who has **declined** medical coverage is not eligible to participate in COBRA. However, if you retire, you will be eligible to enroll in a City Retiree Medical plan.

COBRA Plans

COBRA allows you and/or your dependents to buy continued medical, dental and vision coverage (or medical-only or dental/vision-only) when coverage through your City employment ends. Continuation of your Health Care Flexible Spending Account is also available.

Upon termination of employment, you will receive a letter at your home address which explains COBRA coverage. If you continue coverage under COBRA, follow the instructions included with the COBRA information letter.

You have 60 days to respond to the COBRA letter. You will pay your premiums by personal check or money order to Seattle Housing Authority.

You and your covered dependents can buy health coverage through COBRA for up to 18 months after:

- Your employment ends
- Your work hours are reduced to the point where you no longer are eligible for benefits.

To ensure you receive COBRA information in a timely manner, **PLEASE MAKE SURE YOUR ADDRESS IS SHOWN CORRECTLY ON YOUR LAST PAYCHECK.**

The 18-month COBRA continuation period may be extended to 29 months if you or a family member (who is a qualified beneficiary) is certified disabled according to Social Security at the time of one of the previously mentioned qualifying events. This 11-month extension is available to all covered family members of the disabled individual for 150 percent of the regular premium amount.

Medical Insurance

Your medical coverage ends the last day of the month in which you leave employment. You and your eligible dependents may continue coverage through COBRA for up to 18 months after termination. You may elect to continue medical coverage only under COBRA or with dental and vision

**Continuing
Medical, Dental,
Vision and Health
Care FSA
Coverage under
COBRA.**

Your Benefits

coverage. You also can elect dental and vision coverage only. You will receive information about COBRA by U.S. mail a few weeks after your last day. If you have not received a COBRA letter within 30 days of your last day, contact Human Resources at (206) 615-3328.

Dental and Vision Insurance

Your dental and vision coverage ends the last day of the month in which you leave employment. You and your eligible dependents may continue your dental coverage through COBRA for up to 18 months after termination. You may elect dental and vision coverage only, without choosing medical coverage. You may also elect to continue dental and vision coverage *with* medical coverage. You will receive information about COBRA in the mail at your home a few weeks after your last day. Individual dental and vision plans may or may not be available through a health exchange.

**Continuing
Medical, Dental,
Vision and Health
Care FSA
Coverage under
COBRA.**

Note: If you choose COBRA and want to move to the health insurance exchange later, you will need to wait until either the end of your maximum COBRA period or the exchange's annual open enrollment period. You cannot simply stop COBRA and enroll in the health insurance exchange any time.



Seattle Housing Authority 2017 COBRA Premium Rates

City of Seattle Preventive	City of Seattle Traditional	Kaiser Permanente Standard	Kaiser Permanente Deductible
\$1,204.72	\$1,090.55	\$1,052.73	\$969.55

Dental Health Services (DHS)	Delta Dental of WA (DDW)
\$153.47	\$115.05

Vision Service Basic Plan	Vision Service Buy Up Plan
\$9.65	\$23.13

City of Seattle Preventive, Delta Dental of WA and VSP	\$1,329.42
City of Seattle Traditional, Delta Dental of WA and VSP	\$1,215.25
Kaiser Permanente Standard, Delta Dental of WA and VSP	\$1,177.43
Kaiser Permanente Deductible, Delta Dental of WA and VSP	\$1,094.25

City of Seattle Preventive, Delta Dental of WA and VSP Buy Up Plan	\$1,342.90
City of Seattle Traditional, Delta Dental of WA and VSP Buy Up Plan	\$1,228.73
Kaiser Permanente Standard, Delta Dental of WA and VSP Buy Up Plan	\$1,190.91
Kaiser Permanente Deductible, Delta Dental of WA and VSP Buy Up Plan	\$1,107.73

City of Seattle Preventive, DHS and VSP	\$1,367.84
City of Seattle Traditional, DHS and VSP	\$1,253.67
Kaiser Permanente Standard, DHS and VSP	\$1,215.85
Kaiser Permanente Deductible, DHS and VSP	\$1,132.67

City of Seattle Preventive, DHS and VSP Buy Up Plan	\$1,381.32
City of Seattle Traditional, DHS and VSP Buy Up Plan	\$1,267.15
Kaiser Permanente Standard, DHS and VSP Buy Up Plan	\$1,229.33
Kaiser Permanente Deductible, DHS and VSP Buy Up Plan	\$1,146.15

Delta Dental of WA and VSP	\$124.70
Dental Health Services and VSP	\$163.12

Delta Dental of WA and VSP Buy Up Plan	\$138.18
Dental Health Services and VSP Buy Up Plan	\$176.60

*Kaiser Permanente formerly Group Health Cooperative
Delta Dental of WA formerly WA Dental*
Rates are subject to change.

Your Benefits

Coverage through the Health Insurance Exchange

You may choose an individual medical plan through the health insurance exchange. Depending on your income and the number of dependents you cover, you may find a plan on the exchange that fits your coverage and financial requirements. Please note that if you retire and enroll on an exchange plan, you will not be able to return to coverage a City retiree medical plan in the future. For more information about the Washington Health exchange, go to www.wahealthplanfinder.org.

Coverage through a City Retiree Plan

If you are eligible to retire, contact Human Resources at (206) 615-3328 for information about the City's retiree medical plans. If you want to participate in a retiree medical plan instead of COBRA, be aware that you must choose a plan within 30 days of retiring. In some cases, you can delay your enrollment in a City retiree medical plan if you are covered under another employer's plan. Contact Maria Sahagun for more information.

Health Insurance Advisors

Another resource is the [Statewide Health Insurance Benefits Advisors](#) (SHIBA), a free service of the Washington Office of the Insurance Commissioner. They provide a network of trained volunteers who help consumers on their rights and options regarding health insurance and health care access. They assist with private health insurance questions as well as many government programs (Medicare, Medicaid) Contact: 1-800-562-6900.

Children Attending College

College students meeting credit requirements may be able to purchase medical benefits through their school if they no longer have coverage after you separate from City service. Contact your school's admission office for more information.

Premium Conversion Account (PCA)

If you elect to continue medical coverage after termination of employment through the COBRA or City Medical Retiree plan, you may have medical premiums withheld on a pre-tax basis from your final paycheck, or any other paychecks prior to your termination. You can only withhold premiums for the months remaining in the calendar year in which your termination occurs.

If you wish to deduct your COBRA or City Medical Retiree premiums from your final paycheck or any other paychecks prior to your termination, please complete and submit the [Premium Conversion Account Form](#) to Human Resources at least two weeks before the paycheck(s) you wish to have COBRA premiums deducted. PCA form is included at the end of this Guide.

Please note that the COBRA/Retiree premiums that are withheld from your paycheck(s) are taken before taxes. Therefore, you cannot request a refund after your final paycheck has been issued.

Your Benefits

Optional Insurances and Other Benefits

In some cases, you can continue or convert the optional insurance coverage you had as an active employee. It is your responsibility to arrange for conversion of optional insurance plans within the timeframe limits noted below. SHA does not provide additional reminders or conversion opportunities. Conversion request forms are available at Human Resources Department. Please call Human Resources at (206) 615-3328.

Accidental Death and Dismemberment (AD&D)

If you have Accidental Death and Dismemberment (AD&D) coverage, it will terminate the last day of the month for which you paid a premium through payroll deduction. You can convert your coverage to an individual policy from Hartford. No evidence of insurability is required if you request conversion in writing and pay the initial premium within 30 days of the date your SHA coverage ends. Dependent coverage can be converted if your dependents were covered on the date your SHA coverage ended.

Long-Term Disability (LTD)

Your Long-Term Disability (LTD) coverage ends the last day of the month in which you separate from SHA employment. You may buy LTD conversion insurance if you were insured under SHA's LTD plan for at least one year. You must apply in writing to Standard Insurance Company and pay the first premium within 30 days of the date you lose SHA coverage.

Group Term Life (GTL)

Your Basic Group Term Life (GTL) coverage and any supplemental coverage terminate on the last day of the calendar month in which you were employed. You may convert your group term life insurance to an individual policy without evidence of insurability if you apply in writing to Standard Insurance and pay the first premium within 30 days of the date you lose City coverage.

HAIG Life insurance

Your HAIG free life insurance terminates on your last day of employment. You can convert your group life insurance to an individual life insurance policy. To get a converted policy, you must apply within 30 days after your group life insurance ends. Please contact Human Resources if you want to convert to individual policy.

Long Term Care (LTC)

Upon termination of your employment with the Seattle Housing Authority, you are eligible to continue your long-term care insurance coverage with Unum at group coverage rates. This means that the same coverage you had under this plan can continue on a direct billing basis. Any election for portable coverage must be made within 30 days of the date the group coverage ends. Any premium that applies must be paid directly to UNUM by you for any portable coverage to be continued. **If you wish to continue coverage, an Election to Continue Your Long Term Care Insurance Coverage form must be completed.** Please contact Human Resources if you want to continue your coverage.

WA Deferred Compensation (DCP)

This plan is administered through the Washington Deferred Compensation Program (DCP). If you are enrolled in this plan and have questions about what you should do upon termination of employment, please contact WA Deferred Compensation directly at 1-888-327-5596.

Your Benefits

Flexible Spending Account (FSA)

Upon termination of employment, your right to benefits will be determined in the following way:

Dependent Care Flexible Spending Account

Once you leave SHA employment, you can no longer make contributions to the Dependent Care FSA. However, you can access funds you already contributed to the account by submitting reimbursement requests for eligible expenses incurred through the end of the calendar year in which you terminated. You have until March 31 of the following year to submit expenses incurred in the year in which you left employment.

Health Care Flexible Spending Account

You have the following two options in your Health Care Flexible Spending Account. An FSA termination form must be completed which can be obtained from Human Resources. **Failure to submit the FSA termination form before the termination date will be considered a declination of continuing participation.**

Option 1

If you do not want to continue participation in the Health Care Flexible Spending Account for the remainder of the Plan Year in which your termination occurs, your participation in the Plan shall cease, and no further salary redirection, or contributions shall be made. You may submit claims **only for expenses incurred PRIOR to your termination date.** You will have up until 90 days after the end of the Plan Year to submit your claims. Any unused or unclaimed balances remaining in your account after that time will be forfeited.

Option 2

If you want to continue participation in the Health Care Flexible Spending Account after your termination, you may choose to continue participation in the Health Care Flexible Spending Account through "AUTO-ACCELERATION." You shall be required to make an accelerated contribution (amount owed for remainder of the Plan Year) to the fund out of your last paycheck issued, equal to the difference between contributions to date and the annual election amount.

You can also continue your FSA contribution under COBRA. You must indicate this on your COBRA enrollment form. FSA contributions under COBRA are made on a post-tax basis. You will have until March 31 of the following year to submit reimbursement requests for expenses incurred during the calendar year while under COBRA.

Note: If you have Ineligible Expenses on your Navia Benefits card that you have not repay or submitted another claim to substitute the ineligible expenses, SHA will deduct ineligible Benny card expenses on your last paycheck. Your Navia Benefits card will be de-activated prior to your termination date to avoid unsubstantiated charges. You will still be able to submit your claims by sending an FSA claim form along with your receipt.

For additional information, please call Flex-Plan Services at 1(425) 452-3500, or 1(800) 669-3539; or visit their website at navia.benefits.com.

Your Benefits

Employee Assistance Program (EAP)

You and your family members are eligible to use within sixty days of your last day on SHA payroll. Please contact the Human Resources Department if you have any additional questions about your EAP benefits.

Orca Pass

If you are paying for an ORCA Passport transit pass via payroll deduction, you must turn in your pass to Human Resources on your last day of work. Failure to return the pass will result in having \$5.00 withheld from your final paycheck, as stated on the Employee Use Agreement.

BENEFITS CHECKLIST

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Leaving SHA –Your Benefits Checklist

- Make sure Human Resources has your forwarding address for the COBRA notification and W-2 forms.
- Complete and submit conversion forms for AD&D, GTL, LTD, HAIG and LTC, if desired.
- Call (800) 423-1524 to access your Deferred Compensation Account.
- Submit the FSA COBRA Continuation Election Form one week prior to your termination date if you want to accelerate your FSA contribution.
- Turn in your Orca Card to Human Resources.

Your Retirement Plan

Public Employees' Retirement System (PERS)

Terminating your employment before you retire will have an impact on your retirement benefits under the Washington State Public Employees' Retirement System. The nature of the impact depends on where you are next employed, and whether you withdraw your contributions from PERS. If you are retiring, we recommend that you contact the Retirement System at least six months prior to your retirement date.

SEPARATING FROM SERVICE BUT NOT RETIRING

Can I leave my money in the state retirement system?

When you separate from service you have two choices, you can withdraw your contributions, or leave them in the system.

If you leave your money in the system:

- ✓ Your account balance continues to earn interest.
- ✓ Your service credit stays intact.
- ✓ If you are vested in a plan, you will be eligible to receive a retirement benefit when you meet the retirement criteria for that plan.

Withdrawal

If you withdraw your money:

- ✓ You only receive your contributions plus interest. Employer contributions are not refundable.
- ✓ Federal law requires 20% withholding, unless you roll over your funds.
- ✓ You may be able to roll over all, or part of your contributions to an IRA or eligible plan.
- ✓ You may be subject to an IRS 10% early withdrawal penalty if you are under age 59-1/2.
- ✓ All service credit accumulated prior to your withdrawal is canceled.

If you are a Plan 3 member, please contact the Plan 3 administrator, Empower Retirement, for more information at 1-888-327-5596.

What if I return to service?

For Plan 1 and Plan 2, withdrawal of your retirement contributions cancels the service credit earned during the period the contributions were made. If you wish to restore the service credit, please read the member publication [Recovery of Withdrawn or Optional Service Credit](#), available on the DRS Web site.

What if I don't return to service?

If you leave your money in the retirement system, you may request to receive annual statements. Be sure to keep DRS informed of your address. You should contact DRS 60 to 90 days prior to the date you wish to retire. Federal law requires that you start receiving your benefit, or withdraw your funds, when you reach age 70-1/2.

Where can I find more information?

Web site: www.drs.wa.gov
E-mail: recep@drs.wa.gov
Mail: Department of Retirement Systems
Post Office Box 48380
Olympia, Washington 98504-8380
Call: Toll free at (800) 547-6657, or
(360) 664-7000 in the Olympia area

Your Retirement Plan (Continued)

RETIREE MEDICAL PLAN

RETIREE MEDICAL PLAN

(Applicable only for employees who are retiring)

The City of Seattle and/or Seattle Housing Authority reserves the right to revise or delete any or the retiree's medical plans, and plan provisions, including, but not limited to, eligibility and enrollment requirements and procedures.

Please contact Human Resources (615-3328) to request for the Retiree Medical enrollment packet.

The eligibility requirements and enrollments procedures for the City of Seattle retiree medical plans are described below. The retiree medical plan options include:

- Kaiser Permanente Standard (under and over age 65)
- Kaiser Permanente Deductible (under and over 65)
- City of Seattle Traditional (under 65 only)
- City of Seattle Preventive (under 65 only)
- United Healthcare (65 and over only)
- Aetna Medicare (65 and over only)

See retiree medical rates.

ELIGIBILITY REQUIREMENTS – RETIREES

A retiree is eligible to purchase coverage on a self-paid basis under the City's retiree medical plan options if the following conditions are met:

1. The retiree elects to begin receiving a monthly PERS retirement or disability retirement benefit immediately after leaving SHA employment or within the period of time while they are on COBRA.
2. The retiree is currently enrolled in one of the medical plans for active employees offered by SHA (through the City) at the time of retirement **or** maintains continuous coverage under ANY group medical plan after leaving active service. However, the retiree can only return to the City medical coverage if he/she involuntarily loses other group (employer) health plan coverage. (see Retiree Medical Enrollment Eligibility FAQ).

Retirees age 65 and older may enroll in the Medicare supplement programs available to SHA (City plans) employees. (Their dependents may enroll in the under-age 65 plans if they had coverage under one of the City plans at the time of the employee's retirement or death.)

Eligibility Requirements – Family Members of Retirees

ELIGIBILITY REQUIREMENTS – FAMILY MEMBERS OF RETIREES

Family members under age 65—including spouses, domestic partners, and dependent children—may also be eligible to purchase retiree medical coverage if *one* of the following conditions applies:

1. The retiree meets the eligibility requirement; or
2. The retiree is not enrolled for coverage because he or she is 65 or older, but meets the other eligibility requirements describe above.

This means, for example...

Your Retirement Plan (Continued)

Enrollment Procedures

- If the employee retires at or after age 65 and does not elect a retiree medical plan, eligible family members may be enrolled in one of the Plan options; or
 - When an enrolled retiree reaches age 65 and decides to enroll in a Medicare plan not administered through SHA/City Retiree Medical plan, the retiree's enrolled family members can remain on the plan until eligibility ceases.
3. The employee dies on or after January 1, 1994, but was eligible for a service retirement at the time of death and was eligible for participation in the City retiree medical plans.

In addition, to be eligible for coverage, family members must have been enrolled in one of the City's medical plans for active employees at the time of retirement or death. They must also meet the eligibility requirements of the selected retiree medical plan. Dependents acquired after the employee's retirement date may be added within 31 days of acquisition.

ENROLLMENT PROCEDURES

1. **Enrolling for coverage.** The retiree may enroll in one of the City retiree medical plans and all enrolled family members must have coverage under the same retiree medical plan. When first eligible, a retiree may elect a plan different from the one he or she had as an active employee. This election is final. That means...
- The retiree and/or family member cannot later change to a different retiree medical option until the next open enrollment.
 - An individual who declines to enroll for coverage when first eligible cannot enroll at a later date (see re-enrollment options).
 - Eligible family member can be added or dropped if there is a change in family status. Notify Human Resources at (206) 615-3328 within 31 days of the change of status.
2. **When to enroll.** Unless eligible for deferred enrollment (see #3 below), a retiree and/or family member must complete and submit an enrollment form to Human Resources at SHA for the desired retiree medical plan no later than 30 days after the employee's retirement or death, or not later than 31 days after COBRA coverage terminates.
3. **Deferred enrollment.** If a retiree's spouse or domestic partner is employed by SHA, or other employer offering medical coverage, the retiree and children may defer enrolling for retiree medical coverage as long as they are continuously covered under the spouse's or domestic partner's plan. When an external event triggers (involuntary) loss of eligibility under another group medical plan, the retiree must enroll in the City's retiree medical plan within 31 days of the event. (See section below on Re-Enrolling.)

Your Retirement Plan (Continued)

4. **Adding family member.** A retiree can add family member within 30 days of acquisition to his or her coverage by submitting an application form to Human Resources at SHA and paying the additional premium.

Dropping Your Medical Coverage through the City And Re-Enrollment

Retiree participants may drop their City retiree medical coverage and then have the option of re-enrolling in a City plan at a future date as long as they meet certain conditions:

- They must maintain continuous coverage under another group medical plan for the entire time they are not enrolled in a City plan. This means a plan offered through another employer, either their own employer, or the employer of their spouse or domestic partner. Individual medical plans -- whether obtained through a broker, insurer, HMO, Medicaid, the State High Risk Pool, Health Insurance Exchanges or other entities -- DO NOT qualify as continuous group coverage, and DO NOT meet the requirements for re-enrollment.
- They may re-enroll in a City plan only if they lose eligibility for the other employer group coverage, such as due to their own, or their spouse's job loss or retirement, or aging-out of coverage (as documented by the Human Resources staff of the other employer.)
- They must re-enroll in a City plan within 31 days of losing their other coverage.

Retirees enrolled in a City-sponsored retiree plan may drop City retiree coverage any time, as long as they have immediate access to another employer medical coverage. This new option does NOT provide a re-enrollment opportunity for retirees who dropped City retiree medical coverage prior to November 1, 2013, or for individuals who previously declined, or who were not otherwise eligible for retiree medical coverage.

Please note on the following:

- Re-enrollment in a City retiree medical plan would be available to medical benefit retirees of Seattle Housing Authority provided that SHA continues to offer the City's plans.
- It is important to note this change would not be a new (dis) enrollment and/or re-enrollment opportunity for:
 - New retirees who decline City retiree medical coverage at any point and later voluntarily drop other group coverage (e.g., due to premium increases); or for widow(ers) who have not selected a survivor option.

Your Retirement Plan (Continued)

OPEN ENROLLMENT

Open Enrollment

Retiree and their family members will have the opportunity to change medical plans during open enrollment periods to be conducted upon mutual agreement between the City and the insurance carriers. Open enrollment will generally occur once each year.

Retiree Medical Enrollment Eligibility

Frequently Asked Questions

Retiree Medical FAQ

Seattle Housing Authority (SHA) employees retiring on or after December 1, 2009 are allowed to leave City medical coverage and later re-enroll within 31 days of specific life events, if they maintain continuous coverage in another group (employer) medical plan. The following are frequently asked questions about the new re-enrollment policy.

My spouse will add me to her group plan when I retire. If I don't like the plan or find that the City plan has better rates, may I drop it and select a City retiree plan?

No, you can only return to City medical coverage if you involuntarily lose your other group (employer) health plan coverage. You cannot return to a City retiree coverage if you don't like your spouse's plan or find that the City plan has better rates.

I plan to purchase an individual health policy when I retire. Will I be able to come back to the City's retiree medical plan in the future?

No, you will not be eligible to elect the City's plan by ending an individual health policy. You may re-enroll in a City plan only if you lose eligibility for the other employer group coverage..

I retired from SHA and took another job. In addition to paying for my active employee medical coverage, I'm paying for retiree medical coverage to hold open the option of having retiree coverage in the future. Do I have to continue paying for City coverage after the new enrollment rule goes into effect?

Retirees enrolled in a City-sponsored retiree plan may drop City retiree coverage any time, as long as they have immediate access to another employer medical coverage. This new option does NOT provide a re-enrollment opportunity for retirees who dropped City retiree medical coverage prior to November 1, 2013, or for individuals who previously declined, or who were not otherwise eligible for retiree medical coverage.

Your Retirement Plan (Continued)

I left SHA employment as a vested (members with the equivalent of 5 or more years of service under the WA State retirement) termed employee a few years ago. Do I qualify for re-enrollment?

No, terminated-vested employees were never eligible for retiree medical coverage and are, therefore, not eligible to re-enroll in a City retiree medical plan either.

How do I prove continuous coverage on a group medical plan?

To prove continuous coverage on a group medical plan, submit a certificate of coverage (available through your medical plan) or a letter from the employer explaining the reason for the loss of coverage. Submit documentation within 31-days of losing your group health coverage to:

*Seattle Housing Authority, Human Resources Department
190 Queen Anne Ave N, POB 19028, WA 98109*

My spouse, a former SHA employee, passed away and I declined survivor benefits. May I now enroll in the City's retiree plan under the new enrollment policy?

No, widow(ers) who declined survivor benefits are not eligible to re-enroll under the new enrolment policy.

What's covered in the City's retiree medical plans and what are the rates?

The City offers a choice of medical plans to retirees under age 65 and to retirees that are Medicare-eligible, that is, age 65 and over. For a plan comparisons and rates, contact the Seattle Housing Authority, Human Resources Department, at (206) 615-3328.

If I am currently on my spouse's Under 65 Retiree plan with another employer, when I turn 65 can I enroll in one of the City of Seattle's Medicare Advantage plans?

If you involuntarily lose group health plan coverage under your spouse's plan, you will be eligible to enroll in one of the City of Seattle's Medicare Advantage plan.

Retiree Automatic Premium Deduction

It is a mandatory participation for employees who retire after May 1, 2012 and who enrolled under one of the City Retiree medical plans to have their monthly premium payment deducted from their Washington State Retirement pension. The following questions about the automatic deduction may help clarify any concerns you may have:

What is the reason for SHA offering the automatic premium deduction to retirees?

SHA continues to streamline and improve our processes so we can better serve our customers. This process has several advantages for you, as follows:

- **Convenience** – no need for you to make a trip to the bank and/or post office to send your monthly payment.
- **Peace of mind** – you no longer have to worry about your payment being missed or delayed due travel, unavailability or severe weather conditions.
- **Saves you money** – no need to spend money for postage, purchasing a money order or paying your bank to make a stop payment if your check gets lost in the mail.
- **Security** - you no longer have to worry whether your check is received or was lost.

How do I sign up for the automatic deduction for my health benefits premium?

Retirees need to sign the attached Retiree Authorization Deduction form and submit it to Seattle Housing Authority 30 days before the first deduction occurs. Deductions are taken at the end of the month (30th day of the month) pension check, for the following month's coverage (for example: April 30th deduction is for your May coverage).

Will there be an additional fee for the retiree in setting up the automatic deduction?

No, this has no cost to the retiree. In fact, it will save you money in spending postage, checks, etc.

How will I know when there is a rate change?

Seattle Housing Authority will notify you when there is a rate change. SHA will also notify DRS to update your deductions.

What if I find a less expense insurance plan? How do I terminate my automatic deduction and/or coverage?

You will need to notify SHA in writing that you want to terminate your benefits coverage and automatic premium deduction from your pension check under Washington State Retirement (DRS). If SHA receives your request by the 15th of the month (before the month of coverage), DRS will be able to stop your deduction at the end of the month. If your request is received after the 15th of the month, SHA will reimburse you for the premium deduction. Please be sure to send you termination letter the month before you want your coverage to be terminated.

Do I notify DRS if I have a question on my benefit coverage?

DRS will not be able to answer benefit questions; you need to contact your insurance provider directly regarding the details of your benefits.

Do I need to provide my checking/savings account number to DRS?

No, this has no effect on your savings or checking account. DRS only need your signed authorization to deduct the payment from your monthly Washington State Retirement (DRS) pension.

Retiree Automatic Premium Deduction

Retiree Automatic Premium Deduction

What if I noticed that there is a discrepancy in my monthly premium deduction?

Notify Maria Sahagun at the Seattle Housing Authority at (206) 615-3328 immediately if you see a discrepancy, or if you have questions regarding your premium deduction.

The health premium seems to increase each year, what happens if I no longer have enough money to deduct the health benefits premium from my Washington State pension?

If your pension does not cover your monthly health premium deduction, DRS will notify Seattle Housing Authority that you are no longer able to deduct your health premiums. SHA will then inform you that you will need to start sending a monthly check to pay your benefit coverage.

Do I still have the option to continue sending my monthly payment to SHA?

Yes, current retiree participants who retired prior to **May 1, 2012** will continue to have the option of sending their payment each month. It is a mandatory participation for employees who retire after May 1, 2012 and who have enrolled under one of the City Retiree medical plans. Please note that retirees must have enough pension funds to pay for their health premiums.

Note: Retirees who elect to continue sending their monthly premiums, must have their payment received by SHA no later than the 15th of each month for the following month's coverage (for example: for April coverage, payment is due March 15). If payment is not received within the 30-day grace period, your coverage may be terminated. We do NOT accept payments for multiple months.

Who do I contact if I want to set up the Retiree Medical automatic premium deduction?

You can contact Maria Sahagun at (206) 615-3328 to request a form. It is also included in this Exit Guide.

Retiree Automatic Premium Deduction

RETIREMENT CHECKLIST



Leaving SHA - Your Retirement Checklist

- Contact the Department of Retirement Systems at (800) 547-6657 to arrange to settle your retirement account.
- Contact Human Resources at (206) 615-3328 if you want to enroll in the Retiree Medical plan.

Your Final Paycheck

Final Paycheck, Cash-outs and W-2 Form

Your final paycheck will include your unused vacation and compensatory time pay out. You will be paid an amount equal to 25% of accrued and unused sick leave; and 100% of accrued and unused annual leave when you terminate your employment. There is no cash out for unused personal holidays and additional leave.

There is no cash-out for unused personal holidays, additional leave or merit leave.

Your W-2 report of taxable earnings for the calendar year in which you separate from SHA employment will be mailed to you in January of the following year.

PAYROLL CHECKLIST



Leaving SHA – Last Paycheck Checklist

- If you use direct deposit for your paychecks, notify Payroll if you do not want your final paycheck to be directly deposited into your account.
- If you want your unused paid leave cash out to go into your deferred compensation account, contact Payroll at (206) 615-3389 prior to your termination date.
- Make sure Human Resources have your correct address for mailing your W-2 forms in January.

Planning for Other Employment

Employment Verification

Prospective employers may contact Human Resources to verify your employment. Give the person seeking your proof of employment the following information:

1. The Human Resources Contact Information:
 - HumanResources@SeattleHousing.org
 - 1-206-615-3323
2. Your Social Security Number is helpful, but not required.

Release Form

Only Human Resources is authorized to provide official employment verification. If you anticipate using your supervisor, co-workers, or other SHA staff as employment references, you should let them know your intentions in advance. Also, give them a signed copy of the following release form.

Seattle Housing Authority Current Employee and Former Employee General Consent and Information Release Form

NOTE: Under current Washington State law, the SHA may be required to provide specific information regarding your employment without your direct knowledge or permission. In legal proceedings, information may be provided in response to requests for discovery without your knowledge or consent.

I, _____, request and authorize Seattle Housing Authority to release information from my records in response to any requests for the same from prospective employers.

I understand that the information I am authorizing Seattle Housing Authority to release includes employment information and may also involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for Seattle Housing Authority's cooperation with this request, I hereby agree not to file or pursue any complaints, claims or legal actions of any kind against Seattle Housing Authority or any of its employees, representatives, or agents arising out of their activities or actions performed in connection with this disclosure of information.

Signature

Date

Re-employment

Re-applying for Employment with Seattle Housing Authority

You may reapply for employment at any time. Current job openings are listed on the website <http://agency.governmentjobs.com/seattlehousing/default.cfm>

You will be considered a new hire for most purposes. Any Regular employment service credit will not be resumed and reinstated. Your vacation accrual rate *will* reflect your prior service. For example, if you were accruing 18 days of vacation per year when you separated, you will start at that same accrual rate.

If you withdrew your retirement contributions upon separation, you will have an opportunity to repay them, with interest, in order to buy back your retirement service credit.

As long as you separate in good standing, you may be eligible to apply for employment.

Life After SHA Employment

Prohibited Conduct after Leaving SHA Employment

It is a violation of the Code of Ethics for an individual who has separated from employment to disclose or use any confidential information gained by reason of his or her work.

It is a violation of the Code of Ethics for a former employee, for a period of 1 year following separation from employment, to:

1. Communicate, on behalf of any person on a matter involving SHA, with an employee of the agency with which he or she was previously employed.
2. Participate in a competitive selection process for an SHA contract in which the former employee assisted the agency to define the scope of the project, work to be done, or process to be used.

Post-Employment Checklist



- Ask staff about providing employment references.
- Complete Information Release Form.

City of Seattle/Seattle Housing Authority

RETIREES

2017 Monthly Rates

		Disability Medicare Eligible	Medicare Eligible
	Under Age 65	Under Age 65	65 and Over
City of Seattle Traditional			
Retiree	\$895.46	\$356.51	Not Available
Spouse / Domestic Partner	\$806.93	\$322.71	Not Available
1st Child under age 26	\$261.44	Not Available	Not Available
<i>All</i> Additional Children (not each child) under age 26	\$202.95	Not Available	Not Available
<i>Each</i> disabled child past the limiting age	\$386.19	Not Available	Not Available
City of Seattle Preventive			
Retiree	\$967.15	\$384.09	Not Available
Spouse / Domestic Partner	\$869.17	\$346.70	Not Available
1st Child under age 26	\$265.80	Not Available	Not Available
<i>All</i> Additional Children (not each child) under age 26	\$201.17	Not Available	Not Available
<i>Each</i> disabled child past the limiting age	\$403.43	Not Available	Not Available
Kaiser Permanente Standard			
Retiree	\$504.17	Coverage available under GH MAPD 3 & 4	
Spouse / Domestic Partner	\$504.17	Coverage available under GH MAPD 3 & 4	
1st Child under age 26	\$293.63	Not Available	Not Available
<i>Each</i> Additional Child under age 26	\$271.30	Not Available	Not Available
<i>Each</i> disabled child past the limiting age	\$293.63	Not Available	Not Available
Kaiser Permanente Deductible			
Retiree	\$463.50	Coverage available under GH MAPD 3 & 4	
Spouse / Domestic Partner	\$463.50	Coverage available under GH MAPD 3 & 4	
1st Child under age 26	\$269.96	Not Available	Not Available
<i>Each</i> Additional Child under age 26	\$249.40	Not Available	Not Available
<i>Each</i> disabled child past the limiting age	\$269.96	Not Available	Not Available
United Healthcare Medicare Complete HMO			
HMO (each enrollee)	Not Available	Not Available	\$373.32
Aetna Medicare Plan (PPO)			
Washington State Resident	Not Available	Not Available	\$264.99
Non-Washington State Resident	Not Available	Not Available	\$283.85
Kaiser Permanente Medicare HMO			
Medicare Advantage Plan 3 (KP MAPD 3) each enrollee	Not Available	\$402.18	\$402.18
Medicare Advantage Plan 4 (KP MAPD 4) each enrollee	Not Available	\$376.33	\$376.33

SEATTLE HOUSING AUTHORITY

INFORMATION

Premium Conversion Account (IRC SECTION 125) (For your payroll deducted premiums)

Premium Conversion (PCA) under Section 125 allows you to avoid FICA and Federal Income (withholding) Tax on your monthly deduction for qualified group insurance premiums. Under the PCA, you may elect to withhold your COBRA/Retiree premiums from your final paycheck, or any other paychecks prior to your termination. You can only withhold premiums for the months remaining in the calendar year in which your termination occurs.

If you wish to deduct your COBRA/Retiree premiums on your final paycheck, or any other paychecks prior to your termination, please check and complete **one** of the choices below. **This form must be submitted to Human Resources at least two weeks before the paycheck(s) you want the deduction to start.**

1. **COBRA** - I wish to participate in the Premium Conversion Account. Please deduct my COBRA premiums for:

- Medical only
- Dental and vision only
- Medical, Dental and Vision

- Monthly COBRA payment: _____
- Months covering the COBRA premiums: _____
- Amount to be deducted on each paycheck(s): _____
- Total amount to be deducted: _____
- Paycheck(s) date: _____

2. **RETIREE** - I wish to participate on the Premium Conversion Account. Please deduct my Retiree medical premiums.

- Monthly Retiree medical payment: _____
- Months covering the Retiree premiums: _____
- Amount to be deducted on each paycheck(s): _____
- Total amount to be deducted: _____
- Paycheck(s) date: _____

3. **COBRA/RETIREE** - I wish to participate on the Premium Conversion Account. Please deduct my Retiree medical and COBRA (dental and vision only) premiums.

- Monthly COBRA/Retiree payment: _____
- Months covering the COBRA/Retiree premiums: _____
- Amount to be deducted on paycheck(s): _____
- Total amount to be deducted: _____
- Paycheck(s) date: _____

If you have any questions, please contact Maria Sahagun at (206) 615-3328.

I understand that the COBRA/Retiree premiums that are withheld from my paycheck(s) are taken before taxes. Therefore, I cannot request a refund after my final paycheck has been issued.

Employee Name

Date

SEATTLE HOUSING AUTHORITY

Flexible Spending Account COBRA Continuation Election Form

Employee Information

Last Name, First Name _____		Employee SSN _____	Company Code _____
Address _____		City _____	State _____ Zip _____
DOB _____	Email _____	Day Phone _____	EFFECTIVE DATE _____

Upon termination or retirement of employment, the IRS provides the following options to Section 125 participants:

Health Care Flexible Spending Account (HCFSA)

- 1) **STOP PARTICIPATION** - Your participation in the Plan shall cease and no further salary redirections or contributions shall be made if you elect not to continue in the Health Care Flexible Spending Account for the remainder of the Plan Year. You may submit claims **for expenses incurred PRIOR to or on the date of your termination date**. All claims must be submitted prior to the end of the claim run-out period.

- 2) If you elect to continue participation in the Health Care Flexible Spending Account for the remainder of the Plan Year, you may do so through the following options:
 - a) **ACCELERATE CONTRIBUTIONS** - You may accelerate your contributions for the remainder of the plan year out of your last paycheck. This accelerated amount will be equal to the difference between your contributions to date and your annual election amount. Under this option you will continue participation in the plan and may incur expenses at any time throughout the plan year [and grace period if applicable]. All claims must be submitted prior to the end of the claim run-out period.

 - b) **CONTINUE PAYMENTS AFTER TAX** – You may continue participation in the plan by making post tax contributions to your former employer for the remainder of the plan year. You will continue participation in the plan until the end of the plan year or until you fail to make the monthly contribution on the predetermined payment date. If you fail to make a timely payment you may submit claims **only for expenses incurred PRIOR to or on the date of final payment**.

Dependent Care Flexible Spending Account (DCFSA)

Upon termination, your participation in the Plan shall cease and no further salary redirection or contributions shall be made. However, you may submit claims for expenses incurred before the termination date. You may only submit expenses incurred after your termination date if you are actively seeking employment. All claims must be submitted before the end of the claims run-out period.

You must elect one of the following and return to Human Resources

<input type="checkbox"/> YES , I elect to continue participation in the Plan. X _____ Employee Signature	<input type="checkbox"/> NO , I decline to continue participation in the Plan. X _____ Employee Signature
I would like to make my contribution payment using: <input type="checkbox"/> Auto-acceleration <input type="checkbox"/> Post tax payment	
Employer's Signature X _____	Date _____



Retiree Authorization Deduction Form
Seattle Housing Authority

<p>Retiree Name: _____ / _____ / _____ Last First MI</p> <p>Social Security Number: _____</p> <p>I hereby authorize and request the Department of Retirement Systems (DRS) to regularly deduct a sufficient amount from my retirement allowance to pay the premiums for my insurance coverage or premium charges that may occur between the insurance carrier and myself. I hold DRS harmless for any problems on coverage or payment charges that occur between the insurance carrier/organization and myself. Deductions will continue until: (1) I direct, in writing, to Seattle Housing Authority; or (2) the deduction plan is terminated.</p> <p>Retiree's Signature: _____ Date: _____</p>
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NOTE: DRS staff cannot answer any questions regarding your insurance plan. If you have questions regarding your deduction and eligibility, please contact Seattle Housing Authority at (206) 615-3328. Any questions regarding coverage must be directed to your insurance.

Office Use Only	
Broker Name:	Seattle Housing Authority
Address:	Human Resources Department 190 Queen Anne Ave N Seattle, WA 98109
Telephone:	(206) 615-3328
Deduction starts:	_____ Vendor ID: _____ Amount: _____