



# **Exit Guide for Employees Leaving SHA Employment**

2025

*Seattle Housing Authority*  
101 Elliot Ave W, Suite 100  
Seattle, Washington 98119

MEMORANDUM

To: Seattle Housing Authority (SHA) Employee

From: SHA Benefits Team

Re: Benefits after termination

This “Exit Guide for Employees Leaving SHA Employment” will assist you in understanding your benefit options for continuing your coverage under SHA’s health care and optional benefits after you leave SHA employment.

It is your responsibility to read these materials and request additional information when necessary. The Benefits Team cannot recommend or counsel you on your selection. You may use EAP services for 60-days after your last day on SHA payroll.

If you are going to retire at this time or within the next six months, it is important and advisable that you meet with us to make sure you fully understand your retiree medical insurance options. 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.

If you have any questions, please reach out to the Benefit Team at [SHA Benefit Team](#).

## Summary Checklist

If you separate from SHA employment, you have **30 days** to request conversion to an individual Life, LTD, and LTC 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 *within 30 days prior to your retirement date*.

Employee Checklist	Timeframe
<input type="checkbox"/> If retiring, create an <a href="http://www.drs.wa.gov">online account</a> <a href="http://www.drs.wa.gov">www.drs.wa.gov</a> .	At least 90 days before you retire, sign up for an account and request an official benefit estimate to begin the application process.
<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, LTD).	Within 30 days from your last date of coverage on a SHA 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"/> Washington Deferred Compensation.	Submit a Special Deferral Change or Annuity Request to DRS.
<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 prior to the last day of SHA service.
<input type="checkbox"/> Elect a plan through the health insurance exchange.	Within 30 days prior to the last day of SHA service.

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# Your Benefits

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

### 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.

**Note:** an employee who has **declined** medical coverage is not eligible to participate in COBRA. However, if you retire, you may 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 SHA employment ends. Continued coverage for dental and vision is offered only through COBRA. Continuation of your Health Care Flexible Spending Account may also be available.

Upon termination of employment, you will receive a packet at your home address which explains COBRA coverage and includes the COBRA enrollment form.

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

***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

## 2025 COBRA Premium Rates

City of Seattle Preventive	City of Seattle Traditional	Kaiser Permanente Standard	Kaiser Permanente Deductible
\$2,183.97	\$1,966.95	\$1,604.14	\$1,478.39

Dental Health Services (DHS)	Delta Dental of WA (DDW)
\$145.50	\$124.29

Vision Service Basic Plan	Vision Service Buy Up Plan
\$9.66	\$20.80

City of Seattle Preventive, DDW and VSP	\$2,317.92
City of Seattle Traditional, DDW and VSP	\$2,100.90
Kaiser Permanente Standard, DDW and VSP	\$1,738.09
Kaiser Permanente Deductible, DDW and VSP	\$1,612.34
City of Seattle Preventive, DDW and VSP Buy Up Plan	\$2,329.06
City of Seattle Traditional, DDW and VSP Buy Up Plan	\$2,112.04
Kaiser Permanente Standard, DDW and VSP Buy Up Plan	\$1,749.23
Kaiser Permanente Deductible, DDW and VSP Buy Up Plan	\$1,623.48
City of Seattle Preventive, DHS and VSP	\$2,339.13
City of Seattle Traditional, DHS and VSP	\$2,122.11
Kaiser Permanente Standard, DHS and VSP	\$1,759.30
Kaiser Permanente Deductible, DHS and VSP	\$1,633.55
City of Seattle Preventive, DHS and VSP Buy Up Plan	\$2,350.27
City of Seattle Traditional, DHS and VSP Buy Up Plan	\$2,133.25
Kaiser Permanente Standard, DHS and VSP Buy Up Plan	\$1,770.44
Kaiser Permanente Deductible, DHS and VSP Buy Up Plan	\$1,644.69
DDW and VSP	\$133.95
Dental Health Services and VSP	\$155.16
DDW and VSP Buy Up Plan	\$145.09
Dental Health Services and VSP Buy Up Plan	\$166.30

## Your Benefits

<b>Coverage through the Health Insurance Exchange</b>	<p>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 in an exchange plan, you will not be able to return to coverage under a City retiree medical plan in the future. For more information about the Washington Health exchange, go to <a href="http://www.wahealthplanfinder.org">www.wahealthplanfinder.org</a>.</p>
<b>Coverage through a City Retiree Plan</b>	<p>If you are eligible to retire, contact SHA Benefits Team at <a href="#">SHA Benefit Team</a> 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 prior to retiring. In some cases, you can delay your enrollment in a City retiree medical plan if you are covered under another employer's plan.</p>
<b>Health Insurance Advisors</b>	<p>Another resource is the <a href="#">Statewide Health Insurance Benefits Advisors</a> (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.</p>
<b>Children Attending College</b>	<p>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 SHA employment. Contact your school's admission office for more information.</p>

## Your SHA Benefits

	<p>You can continue or convert most of 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. Request conversion forms from SHA Benefits Team prior to termination date.</p>
<b>Accidental Death and Dismemberment (AD&amp;D)</b>	<p>Accidental Death and Dismemberment (AD&amp;D) coverage will terminate the last day of the month for which you paid a premium through payroll deduction. There is no conversion option for AD&amp;D.</p>
<b>Long-Term Disability (LTD)</b>	<p>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 Hartford Insurance Company and pay the first premium within 30 days of the date you lose SHA coverage.</p>
<b>Group Term Life (GTL)</b>	<p>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 Securian Financial and pay the first premium within 30 days of the date you lose SHA coverage.</p>
<b>HAIG Life Insurance</b>	<p>HAIG free life insurance terminates on your last day of employment. You cannot convert this group life insurance to an individual life insurance policy.</p>
<b>Long-Term Care (LTC)</b>	<p>To continue Long-Term Care coverage, an Election to Continue Your Long-Term Care Insurance Coverage form must be completed within 30 days of the date the group coverage ends and any premium that applies must be paid directly to UNUM.</p>
<b>WA Deferred Compensation (DCP)</b>	<p>This plan is administered through the Washington Deferred Compensation Program (DCP). If you are enrolled in DCP and have questions, contact WA Deferred Compensation directly at 1-800-547-6657 or access your DRS online account. Retiring employees have the following options:</p> <ol style="list-style-type: none"> <li>1. Special Deferral Change Request: Participants can prearrange to defer a portion of a lump sum payment such as a cash out of unused annual leave or sick leave. The deferral must be arranged at least 30 days before separation. Participants must contact DRS to request a DCP Special Deferral Change Form. You will need to provide the exact date of your final paycheck and the estimate of your leave cash out amounts.</li> <li>2. Supplementing their regular pension benefit by purchasing a WSIB annuity. Annuities offer a steady, guaranteed income that isn't subject to market conditions. Minimum purchase of \$5,000 is required. Funds to purchase annuity must come from Deferred Compensation Program or other eligible governmental plan.</li> </ol>



## Your SHA Benefits

<b>Flexible Spending Account (FSA)</b>	<p>Upon termination of employment your right to benefits will be determined in the following way:</p>
<b>Dependent Care Flexible Spending Account</b>	<p>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.</p>
<b>Health Care Flexible Spending Account</b>	<p>You have the following options in your Health Care Flexible Spending Account.</p> <ol style="list-style-type: none"> <li>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 <b><u>only for expenses incurred PRIOR to your termination date.</u></b> 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.</li> <li>2. You may be eligible to continue your FSA contribution under COBRA. You must request FSA continuation 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.</li> </ol> <p>Note: If you have Ineligible Expenses on your Navia Benefits card that you have not repaid or submitted another claim to substitute the ineligible expenses, SHA will deduct ineligible FSA 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.</p> <p>For additional information, please call Flex-Plan Services at 1(425) 452-3500 or 1(800) 669-3539; or visit their website at <a href="http://naviabenefits.com">naviabenefits.com</a> (company code – SHA).</p>

## Your SHA Benefits

<b>Employee Assistance Program (EAP)</b>	You and your family members are eligible to use EAP Services within sixty days of your last day on SHA payroll.
<b>Orca Card</b>	You must turn in your ORCA card to Human Resources on your last day of work.

## Your Final Paycheck

<b>Final Paycheck, Cash-outs</b>	Your final paycheck will include 100% of unused annual leave, 25% of unused sick leave and compensatory time payout. There is no cash-out for unused personal holidays, additional leave or merit leave.
<b>Final W-2 and 1095-C Forms</b>	For the calendar year in which you separate from SHA employment, your W-2 report of taxable earnings and 1095-C report of health care coverage will be mailed to you after the end of the year. Please contact SHA HR if your mailing address changes, <a href="mailto:HumanResourcesDept@seattlehousing.org">HumanResourcesDept@seattlehousing.org</a> .

## Consider Donating to the Voluntary Leave Share Program Bank

<b>SHA Policy</b>	It is SHA's policy to permit employees to voluntarily donate accrued leave to a leave donation bank. Leave donated to the bank will be allocated to approved employees who have exhausted all leave options, including PFML, in accordance with this Policy.
<b>Eligibility Requirements</b>	Reasons an eligible employee may get an allocation are: <ul style="list-style-type: none"> <li>• Bona fide medical emergency</li> <li>• Extended time off following loss of spouse, child, or parent</li> </ul>
<b>Donation Information</b>	<ul style="list-style-type: none"> <li>• All donated leave must be given voluntarily</li> <li>• Donors may not specify who will be the recipient of donated leave</li> <li>• The maximum an employee can donate per year is the lesser of 1/2 of what they would accrue or the amount they'd forfeit at the end of the year.</li> <li>• The decision to donate leave is irrevocable</li> <li>• Donor employees must submit the <a href="#">SHA-1255 VLSP Agreement to Donate Form</a> to the SHA Payroll Manager</li> </ul>

## Re-employment

### Re-applying for

As long as you separate in good standing, you may be eligible to reapply for employment. Current job openings are listed on the

website [Work at SHA](#)

### Employment at Seattle Housing Authority

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. Contact DRS for more information on buy-back options.

## 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.

## 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:
  - 1-206-615-3323
  - [HumanResourcesDept@seattlehousing.org](mailto:HumanResourcesDept@seattlehousing.org)

2. Your Social Security Number is helpful but not required.

### Release Form

Only Human Resources is authorized to provide official employment verification. Submit General Consent and Release Form to Human Resources prior to termination date. Form is located at the end of the Exit Guide.

## 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, if you have not yet done so, create an online account with the Department of Retirement Systems. You can complete an application online, ideally 90 days before your retirement date. Sign up for an account and request an official benefit estimate to begin the application process. For more information visit [DRS: Retirement Planning Checklist \(wa.gov\)](https://www.drs.wa.gov/retirement-planning-checklist).

**Can I leave my money in the state retirement system?**

### ***SEPARATING FROM SERVICE BUT NOT RETIRING***

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.

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 record keeper, Voya Financial at 888-327-5596 for more information.

Tax tip: You might want to talk with an EAP or other professional tax advisor before making a decision about withdrawing your contributions.

For 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 visit [DRS: Service Credit \(wa.gov\)](https://www.drs.wa.gov/service-credit).

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 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 72.

### **Withdrawal**

**Where can I find more information?**

**Web site:** [www.drs.wa.gov](https://www.drs.wa.gov)  
**Online:** [DRS Online Account Login](https://www.drs.wa.gov/online-account-login)  
**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. Dental and vision coverage is not offered through SHA retiree medical plan options.***

**Please contact SHA Benefits Team at [SHA Benefit Team](#) to request a 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. You will need to provide proof of continuous employer group coverage to enroll in a City-sponsored plan. (See Retiree Medical Enrollment Eligibility FAQ).

### Eligibility Requirements – Family Members of Retirees

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 (only if the retiree chose survivor benefit at the time of retirement).)

#### 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.

## Your Retirement Plan (Continued)

### Enrollment Procedures

For example...

- 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 and chose survivor benefit at the time of retirement.

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 over 65 must have coverage under the same retiree medical plan. Dependents under 65, may enroll in a separate plan, but all dependents must be on the same plan. When first eligible a retiree may elect a plan different from the one they 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 SHA Benefits Team at [SHA Benefit Team](#) 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 SHA Benefits Team 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 SHA Benefit Team 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 involuntarily 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 30 days of losing their other coverage.

This option does NOT provide a re-enrollment opportunity for retirees; who dropped City retiree medical coverage prior to November 1, 2013, 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 widow(ers) who have not selected a survivor option.

### 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.

## Your Retirement Plan (Continued)

### Retiree Medical FAQ

### Retiree Medical Enrollment Eligibility Frequently Asked Questions

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.

**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.*

**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 involuntarily 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 option does NOT provide a re-enrollment opportunity for; retirees who dropped City retiree medical coverage prior to November 1, 2013, individuals who previously declined, or who were not otherwise eligible for retiree medical coverage.*

**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 are not eligible for retiree medical coverage.*

**How do I 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, Benefits Team  
190 Queen Anne Ave N, POB 19028, Seattle, 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?**

*No, widow(ers) who declined survivor benefits are not eligible to re-enroll. If you are currently enrolled in a City retiree plan, you may continue coverage for up to 36 months under COBRA. A COBRA packet will be mailed to your home address.*

**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?**

*Yes, if you involuntarily lose group health plan coverage under your spouse's plan.*



## Retiree Automatic Premium Deduction

### 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:

#### **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 monthly (30<sup>th</sup> day of the month) pension check for the following month's coverage (for example: April 30<sup>th</sup> deduction is for your May coverage). Retiree Authorization Deduction Form is included at the end of this guide.

#### **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 15<sup>th</sup> of the month (before the month of coverage), DRS may be able to stop your deduction at the end of the month. If your request is received after the 15<sup>th</sup> of the month, SHA will reimburse you for the premium deduction. Please be sure to send your 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 or notice a discrepancy in premium amounts?**

DRS will not be able to answer benefit questions; you need to contact your insurance provider directly regarding the details of your benefits. Notify SHA Benefits Administrator at [SHA Benefit Team](#) immediately 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. Monthly health premium deductions will need to be paid directly to SHA.

**CITY OF SEATTLE**  
**"Most" Retirees**  
**2025 Monthly Rates**

	Under Age 65	Disability Medicare Eligible Under Age 65	Medicare Eligible 65 and Over
<b>City of Seattle Traditional</b>			
Retiree	\$1,614.53	\$652.41	Not Available
Spouse / Domestic Partner	\$1,454.58	\$590.58	Not Available
1st Child under age 26	\$469.03	Not Available	Not Available
<b>All</b> Additional Children (not each child) under age 26	\$363.37	Not Available	Not Available
<b>Each</b> disabled child past the limiting age	\$694.42	Not Available	Not Available
<b>City of Seattle Preventive</b>			
Retiree	\$1,752.70	\$706.95	Not Available
Spouse / Domestic Partner	\$1,574.79	\$638.12	Not Available
1st Child under age 26	\$479.26	Not Available	Not Available
<b>All</b> Additional Children (not each child) under age 26	\$361.92	Not Available	Not Available
<b>Each</b> disabled child past the limiting age	\$729.16	Not Available	Not Available
<b>Kaiser Permanente Standard</b>			
Retiree	\$768.24	Coverage available under KP MAPD 3 & 4	
Spouse / Domestic Partner	\$768.24	Coverage available under KP MAPD 3 & 4	
1st Child under age 26	\$447.43	Not Available	Not Available
<b>Each</b> Additional Child under age 26	\$413.40	Not Available	Not Available
<b>Each</b> disabled child past the limiting age	\$447.43	Not Available	Not Available
<b>Kaiser Permanente Deductible</b>			
Retiree	\$706.76	Coverage available under KP MAPD 3 & 4	
Spouse / Domestic Partner	\$706.76	Coverage available under KP MAPD 3 & 4	
1st Child under age 26	\$411.64	Not Available	Not Available
<b>Each</b> Additional Child under age 26	\$380.28	Not Available	Not Available
<b>Each</b> disabled child past the limiting age	\$411.64	Not Available	Not Available
<b>United Healthcare Medicare Complete HMO</b>			
HMO (each enrollee)	Not Available	Not Available	\$500.33
<b>Aetna Medicare Plan (PPO)</b>			
Washington State Resident	Not Available	Not Available	\$332.33
Non-Washington State Resident	Not Available	Not Available	\$349.04
<b>Kaiser Permanente Medicare HMO</b>			
Medicare Advantage Plan 3 (KP MAPD 3) each enrollee	Not Available	\$409.91	\$409.91
Medicare Advantage Plan 4 (KP MAPD 4) each enrollee	Not Available	\$397.29	\$397.29

Updated 10/15/2024

# SEATTLE HOUSING AUTHORITY

## Flexible Spending Account COBRA Continuation Election Form

### Employee Information

SHA

Last Name, First Name		Employee SSN	
_____ _____ _____		_____ _____ _____	
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:  
**COBRA** – 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 SHA Benefit Team**

☒ **YES**, I elect to continue participation in the Plan.

☐ **NO**, I decline to continue participation in the Plan.

Employer's Signature X \_\_\_\_\_

Date: \_\_\_\_\_

# SEATTLE HOUSING AUTHORITY

## General Consent and 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

Do not send information or contact the insurance company. Please send all requests and communications to SHA Benefits Administrator



## RETIREMENT HEALTH INSURANCE PREMIUM DEDUCTION AUTHORIZATION

P.O. Box 48380 Olympia, WA 98504-8380 • [www.drs.wa.gov](http://www.drs.wa.gov)  
Toll Free: 800.547.6657 • Olympia Area: 360.664.7000 • TTY: 711

Complete, sign and send to your insurance company.

### Retiree Information

Retiree Name	Social Security Number
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### Retirement System/Plan Code (check one):

<input type="checkbox"/> P1 = PERS 1	<input type="checkbox"/> T1 = TRS 1	<input type="checkbox"/> E2 = SERS 2	<input type="checkbox"/> L1 = LEOFF 1	<input type="checkbox"/> S1 = WSPRS 1	<input type="checkbox"/> U1 = JUDICIAL
<input type="checkbox"/> P2 = PERS 2	<input type="checkbox"/> T2 = TRS 2	<input type="checkbox"/> E3 = SERS 3	<input type="checkbox"/> L2 = LEOFF 2	<input type="checkbox"/> S2 = WSPRS 2	<input type="checkbox"/> J1 = JUDGES
<input type="checkbox"/> P3 = PERS 3	<input type="checkbox"/> T3 = TRS 3	<input type="checkbox"/> N2 = PSERS 2			

I authorize the Department of Retirement Systems (DRS) to regularly deduct a sufficient amount from my retirement benefit to pay the premiums for my insurance coverage. I will not hold DRS responsible for any problems on coverage or premium charges that occur between the insurance carrier and myself.

The deductions will continue until:

- I write to the insurance company and DRS, asking for my deductions to stop; or
- I terminate the insurance plan.

I understand that DRS cannot answer questions about my insurance.

### Authorization and Signature

Policy in the Name of	
Retiree Signature	Date

**SEATTLE HOUSING AUTHORITY**  
**VOLUNTARY LEAVE SHARE PROGRAM (VLSP)**  
**AGREEMENT AND AUTHORIZATION TO DONATE**

**Employee** (Please Print Your Name): \_\_\_\_\_

Employees whose employment status accrues annual and sick leave are eligible to donate leave. All donations of annual and/or sick leave are strictly voluntary. Employees are prohibited from soliciting, offering or receiving monetary or any other compensation or benefits in exchange for donating leave hours. I acknowledge that no such solicitation or inducement has been offered to me. I also understand my decision to donate hours to the VLSP is irrevocable.

Donation Requirements:

1. In order to donate **annual leave**, you must retain a balance of 80 hours if you are a full-time employee, and a prorated amount if you are a part-time employee.
2. In order to donate **sick leave**, you must retain a balance of 240 hours if you are a full-time employee, and a prorated amount if you are a part-time employee.
3. The maximum an employee can donate per year is the lesser of 1/2 of what they would accrue or the amount they'd forfeit at the end of the year

☐ I wish to **donate** to VLSP Leave Donation Bank

Type of leave donated:      ☐ Sick Leave      ☐ Annual Leave

Number of hours donated:      \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_  
**Donor's Signature**

\_\_\_\_\_  
**Date**

**Submit completed form to SHA Payroll Manager**

\_\_\_\_\_  
Payroll Manager Signature

\_\_\_\_\_  
Date