



Dear

Retirement Date

Congratulations on your retirement! The purpose of this letter is to advise you of your insurance benefits as a retiree. If you have not done so already, please contact your pension administrator to discuss your pension options.

Employees who retire from the City are eligible to continue their City medical, dental and vision coverage as a retiree with deductions from their monthly pension checks beginning the month following the Retirement EAR effective date. Otherwise, medical, dental and vision coverage terminates at the end of the month in which an employee retires. Similarly, employees who retire from the City are eligible to continue \$3,000 of their basic life insurance coverage with deductions from their monthly pension checks beginning the month following their Retirement EAR effective date. If you elect to continue the \$3,000 basic life insurance coverage, please log into your Bentek account at [www.mybentek.com/boyntonbeach](http://www.mybentek.com/boyntonbeach) to update your beneficiaries.

Below is a retiree insurance rate sheet and an Authorization of Insurance Pension Check Deductions form. **You will need to complete the form either electing or declining insurance continuation and submit.**

The remaining basic and voluntary life insurance may be converted to an **individual** whole life policy. The form to convert your remaining basic and life insurance coverage to an individual whole life policy, calculate your premium, and submit payment directly to the provider, OCHS/Minnesota Life – A Securian Company, is attached.

AFLAC plans are also portable. If you were enrolled in an AFLAC plan, we will notify AFLAC of your separation. You may also wish to contact AFLAC to discuss continuation options at 800-992-3522. Depending on the plan in which you might be participating, you may need to contact Empower Retirement (Great-West Financial) at 888-303-8726, Nationwide Deferred Compensation at 877-677-3678 or, ICMA Deferred Compensation at 877-669-7400.

I hope this information is helpful. If you have any questions, please don't hesitate to contact Jakeera Jourdan, Human Resources Manager, at (561) 742-6276. In the meantime, we wish you well in your retirement.

#### **INSURANCE AND PENSION INFORMATION AT RETIREMENT**

- Your medical, dental and vision insurance will terminate at the end of the month in which your employment ends (last day hours worked) with the City of Boynton Beach. You and any dependents enrolled at the time of your separation are eligible to continue these benefits by authorizing monthly pension deductions.
- Life, AD&D, short- and long-term disability insurance – You are eligible to continue \$3,000 of basic life insurance by authorizing monthly pension deductions. Voluntary life insurance for you and any enrolled dependents, short-term disability, and long-term disability, where applicable, will terminate on your last day of work. You may apply for conversion of these plans.
- Pension Plans – Police Pension Plan participants please contact Lou Penque at (561) 340-3470. Firefighters' Pension Plan participants please contact Dave Williams at (561) 340-3470. General Employees' Pension Plan participants, please contact Pension Resource Center at (561) 624-3277 to discuss your options.
- AFLAC – Aflac plans are portable. If you were enrolled in an AFLAC plan, we will notify AFLAC of your separation. You may also wish to contact AFLAC to discuss continuation options at 800-992-3522.
- Deferred Compensation Plans – Depending on the plan in which you might be participating, you may need to contact Empower Retirement (Great-West Financial) at 888-303-8726, Nationwide Deferred Compensation at 877-677-3678 or, ICMA Deferred Compensation at 877-669-7400.

Please call Human Resources at (561) 742-6275 if you have questions regarding any of the aforementioned information.

**CITY OF BOYNTON BEACH  
2022-2023 INSURANCE RATES**

**MEDICAL (UnitedHealthcare Choice Plus Plan (HDHP))**

**Rates (Per Month)**

Retiree	740.11
R+SP	1522.35
R+CH	1377.35
Family	1985.49

**DENTAL (UnitedHealthcare Options PPO 30)**

**Rates (Per Month)**

Retiree	37.46
Family	104.79

**VISION (UnitedHealthcare Vision Plan (Sub-vendor: Spectera))**

**Rates (Per Month)**

Retiree	4.40
Family	13.39

**Life Insurance (OCHS Minnesota Life - \$3,000 retiree basic life)**

**Rates (Per Month)**

Retiree	0.72
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Retirement Date

Pension Check Deductions Start Date (1st of the month following retirement date)

Pension Plan (Choose One)

- General Employees' Pension Plan
- Firefighters' Pension Plan
- Police Officers' Pension Plan

I, the undersigned, request to continue my insurance plans indicated below, and do hereby authorize deductions from my monthly pension check until I elect to cancel this directive in writing:

Medical Insurance

- Retiree only
- Retiree & Spouse
- Retiree & Child(ren)
- Family
- Decline Medical Insurance

Dental Insurance

- Retiree only
- Family
- Decline dental insurance

Vision Insurance

- Retiree only
- Family
- Decline vision insurance

Life Insurance

- \$3,000 Retiree Basic Life
- Decline life insurance

Signature

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Date Signed

Full Name

**NOTE: – CLAIMS INCURRED BY MEDICARE ELIGIBLE RETIREES ARE PROCESSED BY UHC AND PAID AS SECONDARY TO MEDICARE, NOT PRIMARY, REGARDLESS OF WHETHER OR NOT MEDICARE ELIGIBLE RETIREES ENROLL FOR MEDICARE PART B COVERAGE.**

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