

**Florida Retirement System Pension Plan**  
**Health Insurance Subsidy Certification Form**  
Retired Payroll Section  
PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888



PAYEE SSN: \_\_\_\_\_ PAYEE NAME: \_\_\_\_\_

I hereby make application for the Health Insurance Subsidy (HIS). I have read the instructions on the enclosed sheet and checked one of the four boxes below. **I have checked the one box below that provides the earliest insurance coverage date.**

**For FRS processing only**

\_\_\_\_\_  
**SIGNATURE OF PAYEE**                      **DATE**                      **TELEPHONE NUMBER**

**SECTION A: To be completed by Payee who will have health premiums deducted from pension payment**  
 This is to certify that I have already completed the required paperwork to have payroll deduction of my health insurance premium from my Florida Retirement System (FRS) monthly benefit. I understand the subsidy will be added AFTER the insurance deduction begins. *\*\*Please check with your former employer (local agencies) or the People First Service Center (state agencies) if you have questions about premium deductions from your retirement benefit.*

**SECTION B: To be completed by former FRS (non-state) employer or People First Service Center (1-866-663-4735) for state agencies**  
 This is to certify that the above named payee had health insurance coverage effective \_\_\_\_\_ and is currently covered through our agency.  
  
\_\_\_\_\_  
Signature: FRS Agency Representative                      Date                      FRS Agency Name                      Phone #  
or People First Representative

**SECTION C: To be completed by Insurance Company - (insurance cards are not accepted.)**  
 This is to certify that the above named payee has health coverage with \_\_\_\_\_ (Company Name) with an effective policy date of \_\_\_\_\_ (Date). (Please use the earliest possible coverage date).  
  
\_\_\_\_\_  
Company Representative Signature                      Date                      Company Address                      Phone #

**SECTION D: Payee provides MEDICARE or Military Insurance information**  
 I have attached a photocopy of either a MEDICARE or Military ID/TRICARE card.  
  
**PLEASE DO NOT SEND YOUR ORIGINAL CARD. It will not be returned.**  
  
NOTE: We will use your Medicare effective date to determine your HIS effective date. Your HIS effective date cannot be earlier than your Medicare effective date.

**ATTACH COPY OF CARD HERE (MEDICARE OR MILITARY ID/TRICARE CARD)**

Please return completed form to the Retired Payroll Section. (See address above)  
**Other contact information:**  
Fax: 850- 410-2010  
Email: Retirement@dms.myflorida.com

## Florida Retirement System Pension Plan Health Insurance Subsidy Certification Form

The Health Insurance Subsidy (HIS) is additional money added to your monthly retirement benefit to help offset the cost of your health insurance. **The HIS is not a health insurance policy.** Refer to Section 112.363, Florida Statutes.

### APPLICATION PROCESS:

The payee or their legal representative:

1. Must sign and date the top portion of Form HIS-1.
2. Is responsible for having one section (A, B, C or D) of Form HIS-1 completed with appropriate signatures or photocopies attached.
3. Is responsible for submitting by mail or fax the completed Form HIS-1 in a timely manner to the Division of Retirement OR following up with the private insurance company or FRS agency representative that submits the form on their behalf.

### ELIGIBILITY:

HIS applications are sent to those people that are most likely to be eligible for the HIS. To be eligible, the retiree (or their surviving beneficiary receiving monthly benefits) must certify that they have one of the following types of insurance listed below. (Coverage with any company or coverage through any employer):

- Health
- Cancer
- Accident
- Disability
- Dental
- Vision
- Medicare Part A and/or Part B
- Tricare
- Military health coverage

NOTE: A spouse or other family member may pay for the single or family coverage insurance.

### NOT ELIGIBLE:

Retirees who receive the following types of payments are not eligible for the HIS:

- Recipients of Medicaid, Medically Needy Programs and Health of the Brotherhood
- Florida Institute of Food and Agricultural Sciences (IFAS) Supplemental Retirement Program Benefits
- Florida National Guard Benefits
- Florida Special Pensions or Relief Acts
- Florida Senior Management Services Optional Annuity Programs
- Florida State University System Optional Retirement Programs
- Florida Teachers' Retirement System Survivors' Benefits
- Retirees already receiving health insurance at no cost through the State of Florida (Section 110.1232, F.S.)

### HIS PAYMENTS:

Eligible retirees (or their surviving beneficiary receiving monthly benefits) will receive \$7.50 per month for each year of creditable service used to calculate the retirement benefit. Years of employment in the Deferred Retirement Option Program (DROP) do not count towards your total years of service for the HIS calculation. Effective July 1, 2023 the payment increased to at least \$45 but not more than \$225 per month. This subsidy is contingent upon continued approval by the Florida Legislature.

### RETROACTIVE HIS PAYMENTS:

The completed application must be returned to the Division of Retirement within six months of the date retirement benefits started in order to receive the subsidy retroactive to the effective date of retirement (or the month following DROP termination if applicable). If the completed form is not received within six months, retroactive subsidy payments will be limited to a maximum of six months. DROP participants cannot apply for the HIS until they have terminated employment and participation in the DROP.