RETIREE BENEFITS CONTINUATION AUTHORIZATION

Name: Social Security Number: **Date of Birth**:
Complete Address: **Hire Date:**
Telephone Number: Personal Email Address:
Last Day Worked: **Retirement Date**:

Retirement Type
Pension
Investment

HEALTH INSURANCE: (circle current plan)		
$750 Ded $1500 Ded $2500 Ded	$	**ACCEPT^ DECLINE**
MEDICARE ADVANTAGE PLAN: (Medicare eligible retirees only)	$	**ACCEPT DECLINE**
Florida Blue Medicare – Group Elite PPO 2024 premium = $245.62 per month (includes Dental, Vision, and Hearing) Application Required –Complete w/Benefits Department		
LIFE INSURANCE: Group Term Life – No cash value, payable only to the designated beneficiary upon death. ***Effective January 1, 2023 – Optional life insurance is provided by one carrier, The Standard. Any prior coverage with Sun Life and/or CIGNA are no longer valid. Retiree combined benefit maximum = $20,000*** • Must accept coverage at retirement. No future coverage if declined at retirement. • Benefit reduces by 35% at age 65 and by 50% at age 70. • Refunds will not be issued if coverage is dropped, reduced, or terminated for nonpayment of premiums. • *Premiums are subject to change and will automatically adjust according to age band and plan year contract.*		
• Retiree Benefit Amount: (circle benefit amount) $10,000 $20,000 (maximum)	$	**ACCEPT DECLINE**
• Dependent(s) ► Spouse: $10,000* ► Dependent Children**: $5,000* **unmarried, up to age 25 *Dependent life cannot exceed 100% of Retiree benefit	$ $	**ACCEPT DECLINE**
HUMANA DENTAL		
• Dental Advantage PPO Traditional Preferred	$	**ACCEPT DECLINE**
AETNA VISION		
• Vision	$	**ACCEPT DECLINE**
TOTAL MONTHLY PREMIUM		

If you are currently enrolled in Group Accident/Group Critical Illness and want to continue these benefits into retirement, you must contact the carrier directly within 30 days from the date of your retirement - The Standard 800-634-1743

<<<<< IMPORTANT DISCLOSURES>>>>>

- **This form supersedes any other benefit elections and is the official record of retiree benefits**
- FSA (Flexible Spending Account) funds must be utilized by the end of the month that you retire.
- Unused funds in an HRA (Health Reimbursement Account) will be available to you until they are exhausted, *if you are vested in the HRA.*
- ^You must notify The Benefits Department, in writing, if you wish to drop ACPS Medical coverage when you reach Medicare eligibility. Advance notice is required. Your coverage will NOT automatically terminate. (email is acceptable)

Contact Lori Bolte, Benefits Coordinator, at 352-955-7577 or email benefits@gm.sbac.edu

TO BE COMPLETED BY RETIREE

☐ I wish to continue the following retiree group insurance benefits: ☐Health ☐ Life ☐ Dental ☐ Vision

>>>If FRS Payroll deduction is authorized, I acknowledge and agree that I may be required to pay ACPS directly for the first month of coverage due to FRS processing times. If payment is not received within 10 days from the "Retirement Date" listed above, coverage will terminate in accordance with the regular timeline. No further notification will be provided *(contact the Benefits Office for termination date)*

Initial Here:_____

☐ **I decline all retiree benefits (group health, term life, dental, and vision).**

Retiree's Signature: _____ Date: _____