

**THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION**  
**Health & Benefits Retirement Checklist and Acknowledgement**

Name: \_\_\_\_\_ Retirement Date: \_\_\_\_\_ ID#: \_\_\_\_\_

■	<b>Retiree Health Insurance: Medical, Prescription, Dental and Vision</b>
	<p>To be eligible for retiree health insurance, you/your eligible dependents, <b>at the time of your retirement</b>, must have been covered under the healthcare plan(s) sponsored by M-NCPPC or show proof of coverage under the healthcare plan(s) of another organization, <b><u>continuously for the 36-months immediately preceding your date of retirement.</u></b> If a dependent is not deemed eligible at the date of your retirement, they cannot be added to your plan at a later date, including new dependents due to marriage or birth of a child.</p>
	<ul style="list-style-type: none"> <li>• Your Three-Year Eligibility Approval/Denial Form for Retiree Healthcare is attached to this email. (*)</li> </ul>
	<ul style="list-style-type: none"> <li>• For retirees eligible to continue healthcare coverage, the Employee Retirement Services Office will provide you with the healthcare benefit enrollment form to complete.               <ul style="list-style-type: none"> <li>○ If you enroll now, benefits become effective as of your date of retirement.</li> <li>○ If you waive coverage now or at any other time, you/your eligible/dependents (deemed eligible at the date of your retirement) may request enrollment at a later date with proof of continuous coverage under a comparable plan(s) from the date of your retirement (or later opt out date) to up to the date of requested enrollment (re-enrollment).</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Refer to the Benefit Guide attached to this email to review your healthcare options and monthly premiums. (*)</li> </ul>
	<ul style="list-style-type: none"> <li>• If you are continuing your healthcare coverage, there will be a delay (up to 8 weeks) between the termination of your active coverage (midnight on date of separation) and your enrollment in retiree healthcare benefits. You will be enrolled in retiree healthcare benefits once you receive your final Payroll payout as an active employee and your status changes to that of a retiree. <i>You will experience no break in coverage.</i> If you are planning or need healthcare services during this transition period, contact the Health &amp; Benefits Office.</li> </ul>
	<ul style="list-style-type: none"> <li>• Medicare Eligibility While Enrolled in Retiree Healthcare               <ul style="list-style-type: none"> <li>○ If you/your spouse/other covered dependent, are currently or later become eligible for Medicare due to age (65 or older) or disability, you must contact Social Security/Medicare to enroll in both Medicare Part A and Medicare Part B. Contact Medicare at 800-MEDICARE if you have additional questions.</li> <li>○ If you/your spouse/other covered dependent are currently eligible for Medicare, you must include the attached Request for Employment Information (CMS-L564) with your Application for Enrollment in Medicare. (*)</li> <li>○ Provide a copy of your Medicare card, upon receipt to the Health &amp; Benefits Office to ensure no disruption to your coverage. Medicare will become your primary medical plan and M-NCPPC's medical plan becomes secondary payor.</li> </ul> </li> </ul>

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<input type="checkbox"/>	<b>Retiree Health Insurance: Medical, Prescription, Dental and Vision (Continued)</b>
	<b>***COBRA NOTICE***</b> If you receive a COBRA notice from our third-party administrator, Benefit Strategies, informing you of your rights for continuance of healthcare under COBRA, please disregard this notice.
<input type="checkbox"/>	<b>Life Insurance</b>
	If you are enrolled in the Basic Life Insurance plan, you may, within 31 days of your retirement, convert your Basic Life insurance and/or Supplemental Life insurance coverage to an individual whole life policy. Review the attached Securian Conversion and Portability forms and contact Securian directly. (*)
<input type="checkbox"/>	<b>Flexible Spending Accounts (Healthcare and Dependent Care)</b>
	If you have a remaining balance on your account, you have 90 days to file a claim for reimbursement of eligible expenses incurred as of your last date of employment. Funds remaining after 90 days will be forfeited.
<input type="checkbox"/>	<b>Mission Square 457/MetLife 457 Annual Leave Deferral</b>
	If you are enrolled in the 457 Retirement Plan, you may defer all/portion (up to IRS Limits) of your annual leave payout to your 457 Account. Complete the form attached to this email and return it to your Benefits Counselor. If you have questions, contact your Benefits Counselor directly. (*)

Additional Information

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I hereby certify that I have read and understand the information on this checklist regarding my healthcare, life insurance and flexible spending account balance, if applicable, in retiree status. I also acknowledge receipt of the documents noted above (\*), if applicable. All prospective retirees receive the Three-Year Eligibility Approval/Denial form for Retiree Healthcare.

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

[Benefit Counselor Initials:   CH   /Email Address: cynthia.henderson@mncppc.org  
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