

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

Name: _____ Retirement Date: _____ ID# _____

■ Retiree Health Insurance: Medical, Prescription, Dental and Vision
<p>To be eligible for retiree health insurance, you/your eligible dependents, at the time of your retirement must have been covered under the healthcare plan(s) sponsored by M-NCPPC or show proof of coverage under comparable healthcare plan(s) of another organization <u>continuously for the 36-months immediately preceding your date of retirement.</u> 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"> ● If you are eligible for retiree health insurance, the Employee Retirement Services Office will review the monthly premiums with you and provide you with the healthcare benefit enrollment form to complete. The Employee Retirement Services Office will provide your completed enrollment form to the Health & Benefits Office. <ul style="list-style-type: none"> ○ If you enroll now, benefits become effective the 1st of the month following your date of retirement. ○ 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 the coverage was waived up to the date of requested enrollment (re-enrollment).
<ul style="list-style-type: none"> ● Refer to the Benefit Guide referenced in this email (click on the link) to review your healthcare options and monthly premiums.
<ul style="list-style-type: none"> ● Medicare Eligibility While Enrolled in Retiree Healthcare <ul style="list-style-type: none"> ○ 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. ○ 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 Part B. ○ Upon receipt, provide a copy of your/your dependent's Medicare card, with Part A and Part B to the Health & 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.
<ul style="list-style-type: none"> ● ***COBRA NOTICE*** If you are covered under an M-NCPPC healthcare plan, you will receive a COBRA notice from our third-party administrator, Benefit Strategies, informing you of your rights for continuance of healthcare under COBRA. You can disregard this notice since you are eligible for continuance of healthcare through M-NCPPC.

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■ Life Insurance
If you are enrolled in the Basic Life Insurance plan, you may, within 31 days of your retirement, convert your Group Basic/Supplemental/Dependent Life insurance coverage to an individual whole life policy. Click on the link in this email for more information or contact Securian Financial directly at the phone number listed in this email.
■ Flexible Spending Accounts (Healthcare and Dependent Care)
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.
■ Mission Square 457/MetLife 457 Annual Leave Deferral
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. Click on the link in this email for the 457 Annual Leave Deferral Form. Complete the form and return it to the Health & Benefits Office.
<i>If you have any questions about the information in this checklist contact the Health & Benefits Office (benefits@mncppc.org or 301-454-1694).</i>

Additional Information

I hereby certify that I have read and understand the information in this checklist regarding my health insurance, life insurance, flexible spending account balance, and 457 deferral of my annual leave payout, if applicable.

Signature: _____ Date: _____

[H&B Representative Initials: _____ /Date Received: _____]