

FRS Investment Plan

Dear Employee,

This is in response to your inquiry concerning retirement. Please call the MyFRS Financial Guidance Line to speak with an Ernst & Young financial planner for guidance. The MyFRS Financial Guidance Line toll-free number is 1-866-446-9377, Option 2. In order to prepare for your retirement, please visit MyFRS.com. Under the heading of “Retirees” located in the middle of the page, you can obtain the Investment Plan Termination Kit. If you need information on Social Security and Medicare, please call them at 1-800-772-1213 (or website www.ssa.gov).

Under the Investment Plan, a distribution can be requested once you have been off all FRS-covered payrolls for 3 full calendar months, unless you meet the normal retirement requirements of the FRS Pension Plan, in which case you may receive a one-time distribution of up to 10% of your account balance after 1 calendar month, and the remainder after 3 months. Normal retirement requirements for the Pension Plan are age 62 and 6 years of creditable service, or 30 years of FRS covered service regardless of age.

In order for me to provide you with an appointment to process your retirement application, you must terminate your employment. Please present your manager written notification of your intentions to retire and include the effective date at least one month in advance. JHS managers are now required to use Lawson Manager Self Service (MSS) to enter these types of actions. Upon HR-Benefits receiving confirmation that the electronic PAM has been approved, you will be contacted with an appointment. Please be advised that you will need to provide identification (such as your FL Driver License or FL ID) for the notary public on the day of your appointment to process your retirement.

Employee group coverage is cancelled the last day of the pay period in which the separation of employment date falls and for which you experience a regular insurance deduction or made direct payment to Jackson Health System. At the time of retirement, you will have the opportunity to change your insurance election and enroll in any of the available JHS Retiree Insurance plans if you are currently insured. Any dependent that is currently insured under your plan may also be maintained on your coverage.

The Jackson Health System- Selection Form for New Retirees has been included your packet to allow you time to review the insurance coverage and monthly rates so that you will be prepared to make your selection at the time of your appointment. If you are electing life insurance, you will need to provide the date of birth and social security number of your beneficiary (beneficiaries). **In order to be eligible to enroll in the Retiree Group insurance upon retirement from Jackson Health System/Public Health Trust, you must transition into retirement within 30 days of your termination date. You will have 30 days from your termination date to enroll or change your Retiree insurance election.**

If you need information on Social Security and Medicare, please call them at 1-800-772-1213 (or website www.ssa.gov). Please contact an authorized 403b/457 representative from the attached contact list in the event that you would like to shelter your Personal Leave/Extended Illness payout from taxes. You will need to meet with the tax shelter representative to obtain the appropriate form(s). We recommend that you print a copy of your latest check stub to assist you in determining your payout. The completed and signed payroll authorization form must be turned in on the day of your appointment.

If you have reached normal retirement date (age 62 with 6 years of vested service or 30 years of service at any age), you may qualify for Health Insurance Subsidy (HIS). The Health Insurance Subsidy is a payment to retired members that will assist in payment of insurance cost (it is not a health insurance). Eligible retirees will receive \$5 for each year of service (minimum \$30 per month and maximum \$150 per month). You will need to provide proof of your birth date at the time of your appointment for the HIS application.

The Florida Retirement System (FRS) will accept legible photocopies of one of the following (except for g.):

- a. Birth Certificate
- b. Delayed birth certificate
- c. Census report more than 30 years old
- d. Life Insurance policy more than 30 years
- e. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
- f. Certificate of Naturalization
- g. In the absence of one of the above, a document from two of the following
 - (1) Birth certificate of child, showing age of parent (limit one)
 - (2) Baptismal certificate more than 30 years old
 - (3) Hospital record of birth
 - (4) School record at time of entering grammar school

Please have your manager email me upon receipt from Process Flow that the electronic PAM has been approved so that I may contact you with an appointment.

Regards,

Benefits
Human Resources Capital Management

2017 NEW RETIREE JACKSON HEALTH SYSTEM ENROLLMENT FORM UNDER 65 AND NOT MEDICARE ELIGIBLE

LAST NAME		FIRST NAME		MI	SSN		
ADDRESS			CITY		STATE	ZIP	
HOME PHONE NUMBER	CELL PHONE NUMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	BIRTH DATE (MM/DD/YYYY) / /		EFFECTIVE DATE (MM/DD/YYYY) / /	
E-MAIL ADDRESS							

SECTION 1: INSTRUCTIONS Retirees: Please note that all cancellations are IRREVOCABLE. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you cancel a benefit, you cannot elect it at a later date.

SECTION 2: RETIREE MEDICAL
 (Please mark one box only) CANCEL MEDICAL

Monthly rates for:

	MEDICAL			
	JACKSON FIRST HMO	SELECT HMO PLAN	STANDARD HMO PLAN	POS PLAN
Retiree Only	<input type="checkbox"/> \$387.42	<input type="checkbox"/> \$419.23	<input type="checkbox"/> \$519.80	<input type="checkbox"/> \$1,222.29
Retiree & Spouse/DP Under 65	<input type="checkbox"/> \$881.73	<input type="checkbox"/> \$948.46	<input type="checkbox"/> \$1,159.57	<input type="checkbox"/> \$2,362.72
Retiree & Child(ren) [†]	<input type="checkbox"/> \$811.01	<input type="checkbox"/> \$872.85	<input type="checkbox"/> \$1,068.40	<input type="checkbox"/> \$2,267.66
Retiree & Spouse/DP Under 65, plus Child(ren) [†]	<input type="checkbox"/> \$1,096.37	<input type="checkbox"/> \$1,177.78	<input type="checkbox"/> \$1,435.23	<input type="checkbox"/> \$2,906.67
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO No Rx	N/A	N/A	<input type="checkbox"/> \$763.84	<input type="checkbox"/> \$1,466.33
Retiree Under 65 & Spouse/DP Over 65 on Medicare - High HMO	N/A	N/A	<input type="checkbox"/> \$1,081.26	<input type="checkbox"/> \$1,783.75

[†] Option also applies to Adult Children (AC) between 26 through 30 years of age, children of a Domestic Partner and/or eligible dependents.

SECTION 3: RETIREE DENTAL
 (Please mark one box only) CANCEL DENTAL

*Guardian DHMO Plans are not available outside Florida
NOTE: Dental coverage is not provided to Adult Children (AC).

Monthly rates for:	- Standard -		- Enriched -	
	GUARDIAN DHMO*	GUARDIAN PPO	GUARDIAN DHMO*	GUARDIAN PPO
Retiree Only	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$31.22	<input type="checkbox"/> \$14.57	<input type="checkbox"/> \$40.87
Retiree & One Dependent	<input type="checkbox"/> \$13.24	<input type="checkbox"/> \$61.76	<input type="checkbox"/> \$24.15	<input type="checkbox"/> \$80.81
Retiree & Family	<input type="checkbox"/> \$20.22	<input type="checkbox"/> \$99.55	<input type="checkbox"/> \$38.39	<input type="checkbox"/> \$130.30

SECTION 4: RETIREE VISION
 (Please mark one box only) CANCEL VISION

NOTE: Vision coverage is not provided to Adult Children (AC).

Monthly rates for:	Retiree Only	Retiree & One	Retiree & Family
GUARDIAN/DAVIS	<input type="checkbox"/> \$4.14	<input type="checkbox"/> \$8.30	<input type="checkbox"/> \$15.23

SECTION 5: RETIREE & DEPENDENT INFORMATION

Please list below a Preferred Dental Provider (PDP) if enrolling in a DHMO Dental Plan.

Relationship	M/F	Last Name/First Name	SSN	Coverage Desired				Date of Birth MM/DD/YY	Check One*			List the PDP # of your: Dental Provider
				Medical	Dental	Vision	Constant Credit		DP/CDP	AC		
Self												

* If enrolling a Domestic Partner, Child of a Domestic Partner or Adult Child(ren), please select the appropriate box. **NOTE:** You may only continue or cancel dependent coverage. You may not add new dependents.

SECTION 6: LIFE INSURANCE & VOLUNTARY BENEFITS (Monthly Rates)

Life Insurance Elect Life Insurance Decline Life Insurance **NOTE:** Life Insurance coverage is reduced when you reach age 65. The coverage options are \$15,000 or \$20,000.
 \$ _____ x .00017 = _____ Base Annual Salary Monthly Premium Life insurance.

ARAG Legal - UltimateAdvisor	<input type="checkbox"/> Retiree Only \$13.33	<input type="checkbox"/> Retiree + Family \$17.60
ARAG Legal - UltimateAdvisor Plus	<input type="checkbox"/> Retiree Only \$17.30	<input type="checkbox"/> Retiree + Family \$22.82
Ocenture ConstantCredit <small>*Please provide dependent information in Section two if electing dependent coverage.</small>	<input type="checkbox"/> Retiree Only \$11.50	<input type="checkbox"/> Retiree + Spouse* \$23.00
Ocenture ID Commander Plan	<input type="checkbox"/> Retiree Only \$10.50	<input type="checkbox"/> Retiree + Family \$22.50
Pet Assure <input type="checkbox"/> \$7.00	PETPlus <input type="checkbox"/> Single Pet \$4.50 <input type="checkbox"/> Multiple Pets \$8.50	Pet Assure/PETPlus <input type="checkbox"/> Single Pet \$11.50 <input type="checkbox"/> Multiple Pets \$15.50

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. Section 817.234 (1) (b)

RETIREE SIGNATURE	DATE
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2017 NEW RETIREE BENEFIT ENROLLMENT FORM FOR 65 AND OVER AND/OR MEDICARE ELIGIBLE

LAST NAME		FIRST NAME		MI	SSN		
ADDRESS			CITY		STATE	ZIP	
HOME PHONE NUMBER		CELL PHONE NUMBER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	BIRTH DATE (MM/DD/YY) / /	
E-MAIL ADDRESS					EFFECTIVE DATE (MM/DD/YYYY) / /		

SECTION 1: INSTRUCTIONS

RETIREES: Please note that all cancellations are IRREVOCABLE. Please remember to complete the Dependent Information section if you have coverage that includes dependents. If you cancel a benefit, you cannot elect it at a later date.

SECTION 2: RETIREE MEDICAL (Please mark one box only) <input type="checkbox"/> CANCEL MEDICAL	M E D I C A L	
NOTE: In electing the supplemental plan for myself and eligible dependent, I understand that enrollment in Part B is required. Monthly rates for:	HIGH PLAN	HIGH with No RX Plan
Retiree 65 and Over Only	<input type="checkbox"/> \$561.46	<input type="checkbox"/> \$244.04
Retiree 65 and Over & Spouse/DP 65 and Over†	<input type="checkbox"/> \$1,101.90	<input type="checkbox"/> \$478.97
Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$2,147.27	N/A
Retiree 65 and Over & Spouse/DP Over 65† plus Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$1,650.50	N/A
Retiree 65 and Over & Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$1,606.83	<input type="checkbox"/> \$1,289.41
Retiree 65 and Over & Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$1,110.06	<input type="checkbox"/> \$792.64
Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed POS Plan	<input type="checkbox"/> \$2,245.84	N/A
Retiree 65 and Over & Spouse/DP Under 65†, Child(ren)† on AvMed Standard HMO	<input type="checkbox"/> \$1,476.89	<input type="checkbox"/> \$1,159.47
Retiree 65 and Over & Spouse/DP Under 65 on AvMed POS Plan	<input type="checkbox"/> \$1,783.75	<input type="checkbox"/> \$1,466.33
Retiree 65 and Over & Spouse/DP Under 65 on AvMed Standard HMO	<input type="checkbox"/> \$1,080.26	<input type="checkbox"/> \$763.84

† Option also applies to Adult Children (AC) between 26 through 30 years of age, children of a Domestic Partner and/or eligible dependents.

DEPENDENT COVERAGE ONLY	(Please mark one box only) M E D I C A L			
NOTE: Monthly rates for Retiree 65 & Over with Non-JHS Medical Plan:	Jackson First HMO Plan	Select HMO Plan	Standard HMO Plan	POS Plan
Spouse/DP Under 65†	<input type="checkbox"/> \$387.42	<input type="checkbox"/> \$419.23	<input type="checkbox"/> \$519.80	<input type="checkbox"/> \$1,222.29
Child(ren)†	<input type="checkbox"/> \$423.59	<input type="checkbox"/> \$453.62	<input type="checkbox"/> \$548.60	<input type="checkbox"/> \$1,045.37
Spouse/DP Under 65† and Child(ren)†	<input type="checkbox"/> \$811.01	<input type="checkbox"/> \$872.85	<input type="checkbox"/> \$1,068.40	<input type="checkbox"/> \$2,267.66

SECTION 3: RETIREE DENTAL (Please mark one box only) CANCEL DENTAL * Guardian DHMO plans are not available outside of Florida.

Monthly rates for:	- Standard -		- Enriched -	
	GUARDIAN DHMO*	GUARDIAN PPO	GUARDIAN DHMO*	GUARDIAN PPO
Retiree Only	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$31.22	<input type="checkbox"/> \$14.57	<input type="checkbox"/> \$40.87
Retiree & One Dependent	<input type="checkbox"/> \$13.24	<input type="checkbox"/> \$61.76	<input type="checkbox"/> \$24.15	<input type="checkbox"/> \$80.81
Retiree & Family	<input type="checkbox"/> \$20.22	<input type="checkbox"/> \$99.55	<input type="checkbox"/> \$38.39	<input type="checkbox"/> \$130.30

SECTION 4: RETIREE VISION (Please mark one box only) <input type="checkbox"/> CANCEL VISION	Monthly rates for:	Retiree Only	Retiree & One	Retiree & Family
NOTE: Vision coverage is not provided to Adult Children (AC).	GUARDIAN/DAVIS	<input type="checkbox"/> \$4.14	<input type="checkbox"/> \$8.30	<input type="checkbox"/> \$15.23

SECTION 5: RETIREE & DEPENDENT INFORMATION Please list below a Preferred Dental Provider (PDP) if enrolling in a DHMO Dental Plan.

Relationship	M/F	Last Name/First Name	SSN	Coverage Desired				Date of Birth MM/DD/YY	Check One*			List the PDP # of your: Dental Provider
				Medical	Dental	Vision	Constant Credit		DP/CDP	AC		
Self												

* If enrolling a Domestic Partner, Child of a Domestic Partner or Adult Child(ren), please select the appropriate box. NOTE: You may only continue or cancel dependent coverage. You may not add new dependents.

SECTION 6: LIFE INSURANCE AND VOLUNTARY BENEFITS (Monthly Rates)

ARAG Legal - UltimateAdvisor	<input type="checkbox"/> Retiree Only \$13.33	<input type="checkbox"/> Retiree + Family \$17.60												
ARAG Legal - UltimateAdvisor Plus	<input type="checkbox"/> Retiree Only \$17.30	<input type="checkbox"/> Retiree + Family \$22.82												
Ocature ID Commander	<input type="checkbox"/> Retiree Only \$10.50	<input type="checkbox"/> Retiree + Family \$22.50												
Ocature ConstantCredit	<input type="checkbox"/> Retiree Only \$11.50	<input type="checkbox"/> Retiree + Spouse* \$23.00												
Pet Assure <input type="checkbox"/> \$7.00	PETplus <input type="checkbox"/> Single Pet \$4.50 <input type="checkbox"/> Multiple Pet \$8.50	Pet Assure/PETplus <input type="checkbox"/> Single Pet \$11.50 <input type="checkbox"/> Multiple Pet \$15.50												
Life Insurance	<input type="checkbox"/> Elect LIFE INSURANCE <input type="checkbox"/> Decline LIFE INSURANCE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Life Insurance Benefit/Rates:</th> <th style="width: 15%;">AGE 65-69</th> <th style="width: 15%;">AGE 70-74</th> <th style="width: 15%;">AGE 75+</th> </tr> <tr> <td>\$15,000.00</td> <td>\$8.55</td> <td>\$14.10</td> <td>\$19.50</td> </tr> <tr> <td>\$20,000.00</td> <td>\$11.40</td> <td>\$18.80</td> <td>\$26.00</td> </tr> </table>	Life Insurance Benefit/Rates:	AGE 65-69	AGE 70-74	AGE 75+	\$15,000.00	\$8.55	\$14.10	\$19.50	\$20,000.00	\$11.40	\$18.80	\$26.00
Life Insurance Benefit/Rates:	AGE 65-69	AGE 70-74	AGE 75+											
\$15,000.00	\$8.55	\$14.10	\$19.50											
\$20,000.00	\$11.40	\$18.80	\$26.00											

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. Section 817.234 (1) (b)

RETIREE SIGNATURE	DATE
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**Jackson Health System Employer HMO Plan benefits overview
\$0 plan premium**

	Benefits	HMO
Physician Services	Primary Care Physician	\$0 copayment
	Specialist	\$20 copayment
	Allergy Injections and Serum	\$0 copayment
	Diagnostic Tests and X-rays	\$0-\$20 copayment
Preventive Care	Routine Immunizations	\$0 copayment
	Routine Physical Exams	\$0 copayment (one per year)
	Routine Colonoscopy	\$0 copayment (one per year)
	Routine Mammogram	\$0 copayment (one per year)
Hospital Services	Inpatient care	\$75 copayment per day (days 1-5) per admission; 100% after day 5
	Outpatient Surgical Services	\$100 copayment
	Emergency Room	\$65 copayment
Additional Medical Services	Skilled Nursing Facility	100% for days 1-7, 100% after \$50 copayment per day (days 8-100) per benefit period
	Home Health Services	\$0 copayment
	Durable Medical Equipment	\$0 copayment
	Immediate Care Facility	\$20 copayment
Extra Benefits	SilverSneakers®	Available
	Smoking Cessation Program	Available
	Dental (Routine)	\$0 copayment per visit for the following every 12 months: 1 Amalgam or Composite filling, 1 oral evaluation, 1 cleaning, 2 series of bitewing x-ray films
	Vision (Routine)	\$0 copayment per visit for 1 routine eye exam with a maximum allowance of \$150 each plan year for contact lenses, eyeglasses-lenses and frames or one free pair of select eye-wear

If you have any questions or need help, please call us at 1-800-824-8242 (TTY: 711) and select option 2. You can call Monday – from Friday, 8 a.m. – 8 p.m. Eastern time.

Humana is a Medicare Advantage organization with a Medicare contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on of each year.



Personal Leave

Payout of 100% of accrued bank up to 500 hours at current base hourly rate of pay. The 500-hour accrual maximum includes converted sick leave.

Extended Illness

For employees covered under the AFSCME Bargaining Unit, please refer to your Union contract or contact your local representative.

Payout after a minimum of ten years of full-time continuous employment in accordance with the following schedule:

Less than 10 years	No payment
10 years but less than 11 years	25% payment
11 years but less than 12 years	30% payment
12 years but less than 13 years	35% payment
13 years but less than 14 years	40% payment
14 years but less than 15 years	45% payment
15 years but less than 16 years	50% payment
16 years but less than 17 years	55% payment
17 years but less than 18 years	60% payment
18 years but less than 19 years	65% payment
19 years but less than 20 years	70% payment
20 years but less than 21 years	75% payment
21 years but less than 22 years	77.5% payment
22 years but less than 23 years	80% payment
23 years but less than 24 years	82.5% payment
24 years but less than 25 years	85% payment
25 years but less than 26 years	87.5% payment
26 years but less than 27 years	90% payment
27 years but less than 28 years	92.5% payment
28 years but less than 29 years	95% payment
29 years but less than 30 years	97.5% payment
30 years or more	100% payment

Employees with less than thirty (30) years full-time continuous Trust/County employment who retire or resign from the Trust will be eligible to receive payment for up to a maximum of 1,000 hours of accrued extended illness leave.

Tax Sheltered Annuity(TSA) Contact List
403(b) Retirement Plans & 457 Deferred Compensation Plans

Please contact the following providers for information and/or assistance with the Tax Sheltered Annuity 403(b) Retirement Plans and Deferred Compensation 457 Plans.

FIDELITY Investments:
403(b)

1-800-343-0860
#51502 (Employer Plan Number)
Julie Cornell-Armengol
800-603-4015
Julie.Cornell@FMR.com

LINCOLN Financial Group:
403(b) & 457

Doris Obregon
786-720-9728
Doris.Obregon@LFG.com

Nationwide Retirement Solutions:
457

Aaron R. Schwartz
305-439-9550
schwara5@nationwide.com
#609177 (Employer Plan Number)

VALIC:
403(b) & 457

Denise Abi-Fadel
305-505-8290
denise.abi-fadel@valic.com
Dida Langsdale
305-984-2236
candida.langsdale@valic.com
Molly Shrauner
786-877-1891
molly.shrauner@valic.com
Armando Vazquez
305-409-3156
armando.vazquez@valic.com
Al Wishneff
954-224-7018
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VOYA Financial
403(b) & 457

Pam Boatman
305-234-3246
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Gwenn Wayne
954-486-2236
gwenn.wayne@voyafa.com
Group#09058