



Human Resources

Information for Employees Retiring

This packet provides you specific information to help you make decisions regarding your upcoming retirement. Please read through this document completely. If you have any unanswered questions please contact:

Kate.Blackwood@slcgov.com

801-535-6303

Carolyn.Campbell@slcgov.com

801-535-6663

Utah Retirement System (URS)

Your monthly retirement benefit is provided by the URS, not the City. You must contact the URS at 801-366-7770 within 90-days of your retirement date. You may request an appointment with a Retirement Counselor who will help you complete your paperwork. The URS allows you to retire on the 1st or 16th of any month. You must be off City payroll prior to the retirement date you choose with the URS. You can visit www.urs.org for more information. **You must contact the URS directly at 801-366-7770 if you have questions regarding your monthly retirement benefit.**

Final Leave Time Payout Estimate

You may contact Payroll at 801-535-6395 or payroll@slcgov.com for an **estimate** of your leave time payout. Your payout will consist of the following:

- Vacation hours are paid at 100%
- Personal Leave, Plan A Sick Leave and Plan B Retirement/Layoff (R/L Account) hours are paid as per your Union Contract or Compensation Plan. Those documents can be found on the City's Intranet under the Human Resources Portal.

You may choose to maximize your HSA, 401(k), 457, IRA annual contributions out of your final leave time payout. Please complete the Contribution Designation Form (attachment #1) and send to the Payroll Division at payroll@slcgov.com or Inter-office mail to Payroll at Box 5451. **The IRS does not allow employee contributions into your Aviben 501(c)(9) HRA Plan.**

Policy 3.03.04: Employee Service and Safety Awards (Awards for Retirement)

The department of the retiring employee may offer a retirement event, spending up to \$200 for food for use at the retirement event or a retirement award of a \$200 gift certificate.

This retirement award will be made available only if you provide a minimum 30-day written notice of retirement to your supervisor and complete an exit interview at <https://www.surveymonkey.com/rX38KLM9>

Final Paychecks

You will receive your normal direct deposit paycheck for any regular hours worked or used on the normal bi-weekly pay date schedule. Final checks will include any payouts you are entitled to, however, you may receive an additional direct deposit if deemed necessary. A separate W-4 is no longer accepted. Per IRS regulations, all supplemental payments will be taxed at a flat 22% federal tax. Please designate on the Contribution Designation Form (attachment #1) to have your check stub sent to your personal email or mailed to your home.

Maximizing your Health Savings Account (HSA) (if applicable)

You may contribute money from your last payout of leave time into your HSA. First you must login to your HSA account at www.healthequity.com to see what your current year to date contribution is. Your HSA account reflects your contribution each payday. **If you have questions, please contact PEHP's HSA Department at 801-366-7503.** If you continue to maintain eligibility, you may contribute up to the maximum amount below:

HSA Annual Limits	Calendar Year 2020
Single Medical Coverage	\$3,550.00
Double or Family Medical Coverage	\$7,100.00
Age 55 or older during the year	Additional \$1,000.00

If you would like to contribute into your HSA (not to exceed annual limit) from your final payout, complete the attached Contribution Designation Form (attachment #1). You are responsible to the IRS for any contributions over the annual limit.

IMPORTANT: The IRS does not allow you to take reimbursements from your Aviben 501(c)(9) HRA in the same tax year contributions are made to your HSA.

Medicare and HSA

When you enroll in Medicare Part A and/or Part B, you can no longer contribute to your HSA. The month your Medicare begins, you must notify PEHP and change your HSA contribution to zero. If you **delayed** enrolling in Medicare, make sure to stop your HSA contributions at least six months before you plan to enroll in Medicare. This is because when you do enroll in Medicare Part A, you receive up to six months of retroactive coverage, not going back farther than your **initial month of eligibility**. If you do not stop HSA contributions at least six months before Medicare enrollment, you may incur a tax penalty. Refer to www.medicare.gov for specific information or call 1-800-633-4227.

Medical Flexible/Limited Spending Account (if applicable)

Your blue Benefit Card will be shut off. You have 60-days to submit claims for reimbursement or you may elect COBRA which will allow you to submit claims through the end of the plan year. You can find the claim form by logging into "MyPEHP" at www.pehp.org. **Please contact PEHP's Flex Department at 801-366-7503 to elect COBRA and answer questions.**

Dependent Day Care Flexible Account (if applicable)

You have 60-days to submit claims for expenses incurred up through your last day on the payroll.

Maximizing your 401(k), IRA and/or 457 Deferred Compensation Plan (if applicable)

You may contribute money from your last payout of leave time into your 401(k), IRA and/or 457 Deferred Compensation Plan (if applicable). You may contribute the maximum less the total amount you have contributed during the current calendar year. **For URS savings plans call 801-366-7720. For Empower savings plans call 1-800-701-8255.**

401(k) and 457 Annual Limits	2020
Age 49 and under	\$19,500
Age 50 and older	Additional \$6,500
Roth or Traditional IRA Annual Limit	2020
Age 49 and under	Up to \$6,000
Age 50 and older	Additional \$1,000

If you choose to take the Partial Lump Sum Option (PLSO) offered through the URS and roll it into your 401(k), it will not count toward your annual contribution limit.

Medical Coverage

Insurance ends on the last day of employment. The City no longer offers retiree health insurance. Below are some healthcare options:

- **COBRA:** If you are under age 65 you may continue your medical coverage for you and individuals you cover (under age 65) at the time you retire for up to 18-months (or up to age 65, or gain other coverage whichever event comes first) under COBRA. You will receive a COBRA notification and enrollment form and rates (attachment #2) directly from PEHP. Your coverage will continue once you enroll and pay your premium back to the date your active coverage ended.
- **Federal Marketplace:** You may also want to compare medical plans available through the Federal Marketplace. Visit www.healthcare.gov or contact one of the independent agents (attachment #3). They can help you compare plans that best meet your needs.
- **Medicare Supplement:** If you or your spouse is 65 or older you are not eligible for COBRA. You may enroll in one of PEHP's Medicare Supplement Plans, Pharmacy and/or Vision Plans.

Dental Coverage

- **COBRA:** Regardless of age, you may continue your current dental coverage for you and individuals you cover at the time you retire for up to 18-months under COBRA. You will receive a COBRA notification and enrollment form and rates directly from PEHP. Your coverage will continue once you enroll and pay your premium back to the date your active coverage ended.
- **PEHP Retiree Dental:** Age 65 or older, you may enroll in one of PEHP's two dental options.

Contact PEHP Customer Service at 801-366-7555. A Representative will explain each of the plans. They will give you an option to enroll over the phone or they will mail you a packet explaining the plans including an enrollment form.

Employee Basic/Additional Term Life Insurance

You may convert up to 25% of your Term Life Policy if you continue to be a member of the URS. Application must occur within 60-days from the date of loss. Contact PEHP's Life Department at 801-366-7495.

Spouse Term Life Insurance

You may convert 25% so long as the employee (subscriber) remains enrolled in the life plan. Spouse may not continue coverage without the employee (subscriber) continuing coverage. Application must occur within 60-days from the date of loss. Contact PEHP's Life Department at 801-366-7495.

PEHP Accidental Death & Dismemberment/ Accident Policies

There is no option to continue coverage.

SLC Voluntary Benefits

If you are enrolled in any of the voluntary benefits, below are available options:

MetLife - Critical Illness, Hospital and/or Accident coverage:

Continuation of coverage is available upon retirement at group rates. For more information contact MetLife at 1-800-438-6388.

Hyatt Legal Plan:

Continuation of coverage is available for 30-months after you retire. Upfront payment is required and Hyatt must be contacted within 30-days from the date you retire. To continue coverage, call Hyatt's Client Service Center at 1-800-821-6400.

VSP Vision Plan:

Coverage under the group plan will terminate upon retirement. To discuss what individual plan options are available, please contact VSP at 1-800-877-7195.

VPI/Nationwide Pet Insurance:

Continuation of coverage is available upon retirement at group rates. Call VPI/Nationwide to discuss your billing options at 1-877-263-6008.

Purchasing Power:

Any orders actively being deducted from your paycheck upon retirement will need to be paid off via an alternative payment option. To discuss your options, call Purchasing Power at 1-800-903-0801.

LifeLock Identity Theft:

Continuation of coverage is available upon retirement at group rates. Call LifeLock to discuss your billing options at 1-800-543-3562.

MetLife Group Auto & Home:

Policies will remain active upon retirement. Group discounts available through Salt Lake City will continue after retirement. Call MetLife directly to discuss your billing options at 1-800-438-6388.

Liberty Mutual Auto & Home:

Policies will remain active upon retirement. Group discounts available through Salt Lake City will continue after retirement. Call Liberty Mutual to discuss your billing options at 1-800-216-0521.

Long Term Care Insurance (LTC Solutions):

Policies will remain active upon retirement. If you are enrolled in Long Term Care Insurance you will need to make arrangements to continue payment for your coverage. Contact LTC Solutions at 877-286-2852 for more information.

Aviben Post Employment Health Plan (501(c)(9) HRA)

The City makes bi-weekly contributions on your behalf into your **Universal** account with Aviben. This account can be used to reimburse yourself for eligible medical, dental, vision expenses or premiums after your employment has ended. If you are in a group who had leave time contributed to the 501(c)(9) HRA, you also have an additional **Premium Only** sub-account that can only be used to reimburse eligible insurance premiums.

IMPORTANT:

- You cannot access your **Universal** account if funds are deposited into your Health Savings Account (HSA) after your separation date. There is an exception; if you have the **Premium Only** sub-account, you can be reimbursed from that sub-account for insurance premiums in the same tax year you contributed to your HSA. Contact Aviben if you plan on post-employment HSA contribution(s).
- If you choose to go to the insurance exchange for coverage and receive a tax subsidy, the IRS requires you to temporarily suspend access to your 501(c)(9) HRA. You will be able to regain access to your account upon: 1) death of participant 2) eligibility for Medicare 3) after the tax subsidy ends.

Within 4-weeks after your separation, Aviben will mail you a separation packet with information on how to start accessing your funds. You can obtain claim forms and important IRS reimbursement information at www.aviben.com. Contact Aviben at 1-888-507-6053 for specific details of the plan.

Employee Assistance Program

You and your eligible family members may continue the EAP for up to 18-months from your retirement date. You will receive an EAP COBRA form and rates from Human Resources approximately two weeks from your retirement date.

UTA Transit Pass (EcoPass)

There are no options to keep your UTA pass. To avoid being charged, you must turn your pass into your supervisor or Human Resources prior to your last day of work.

Contribution Designation Form

Send this form to payroll@slcgov.com or Inter-office mail to Box 5451

Payroll must receive this form no later than 2-weeks prior to your final payout date

This payout will deposit into the accounts below after your termination date

***Please contribute \$ _____ into my Health Savings Account (HSA)**

You must meet all HSA eligibility requirements set by the IRS and you must continue coverage in a qualified HDHP to be eligible to contribute. In order to contribute the annual maximum, you must be covered through December 31 of the contributing year. Your contribution limit will change if your enrollment status changes, you enroll in Medicare or Social Security, or you become ineligible. SLC and PEHP cannot make contribution changes after the funds have been deducted from payroll. You will be responsible for any tax consequences for over contributing. For help determining your contribution amount, contact PEHP at 801-366-7503, refer to IRS Publication 969 at www.irs.gov or consult a tax advisor.

***If any money is deposited into your HSA, after your separation date, the IRS will not allow you to take reimbursements from your 501(c)(9) HRA **Universal** account. However, there is an exception; if you have the **Premium Only** sub-account, you can be reimbursed for insurance premiums in the same tax year you contributed to your HSA. You must contact Aviben if you plan to contribute to an HSA post-employment.**

Please contribute \$ _____ into my **URS 401(k) Plan**

It is your responsibility not to exceed your annual limit

Please contribute \$ _____ into my **URS Traditional IRA**

It is your responsibility not to exceed your annual limit

Please contribute \$ _____ into my **URS Roth IRA**

It is your responsibility not to exceed your annual limit

Please contribute \$ _____ into my **URS 457 Deferred Compensation Plan**

It is your responsibility not to exceed your annual limit

Please contribute \$ _____ into my **Empower 457 Deferred Compensation Plan**

It is your responsibility not to exceed your annual limit

Please contribute \$ _____ into my **Empower Roth 457 Deferred Compensation Plan**

It is your responsibility not to exceed your annual limit

By signing below, I authorize Salt Lake City Corporation to deduct the above amount(s) from my final payout, I understand it is solely my responsibility to understand any tax consequences of these deductions:

Signature _____ Date _____

Print name _____ Six digit Employee ID# _____

Please send my final paycheck stub to _____

Retirement Award (if applicable): Party Gift Card Cash (circle or check one)

Salt Lake City



2020 – 2021



Monthly COBRA Rates

SUMMIT STAR MEDICAL

Single	\$ 453.53
Double	\$1020.42
Family	\$1360.55

PREFERRED CHOICE DENTAL

Single	\$ 38.25
Double	\$ 77.21
Family	\$100.92

PREMIUM CHOICE DENTAL

Single	\$ 45.00
Double	\$ 90.88
Family	\$118.79

AGENT CONTACT LIST

You can use your own insurance agent or choose one of the independent agents below to assist you in finding health care coverage

Ettie Gorecki, Insurance Agent
Nash Insurance Agency
385-234-6754 Salt Lake City
435-655-3610 Park City
ettie@nashinsurance.biz

Dave Koller, Marketplace Specialist
HealthMarkets Insurance Agency
801-787-5240 (P) 801-405-0100 (F)
dkoller@healthmarkets.com

Danielle Perry, Insurance Agent
Fringe Benefits Analysts
801-546-6004 ext 119
dperry@fbabenefits.com