

Public Safety Retiree Premium Benefit

Sworn public safety retirees can now withdraw up to \$3,000 tax-free annually from his/her ICMA-RC account to directly pay for insurance premiums (medical, dental, vision, long term care¹).

Step 1 -

In order to initiate this process, the retiree should first submit the ***Retired Public Safety Officer Certification Form***. This form certifies the retiree's status as an eligible retired public safety officer and is only needed for the initial withdrawal (further directions follow below).

Step 2 –

After completing the Retired Public Safety Officer Certification Form the retiree should submit a ***Qualified Insurance Policy Verification Form*** to initiate the withdrawal from the retiree's ICMA-RC account (further directions follow below).

Step 3 –

Once the Retired Public Safety Officer Certification and Qualified Insurance Policy Verification Forms have been completed, the ***Insurance Premium Direct Payment Request Form*** needs to be completed for each insurance premium withdrawal request (further directions follow below).

Disclaimers:

- The withdrawal amount must equal minimally 25% (one quarter) of the retiree's annual medical, dental or vision premium. For retirees electing this option, premium withholdings from VRS pension checks will cease.
- It is the retiree's responsibility to ensure that the annual premium is paid. Premiums may be paid quarterly (preferred), semi-annually or annually to the City's Finance Department.
- Payments must be made **30 days in advance of the period for which the retiree is remitting payment** (e.g. if paying for coverage for January through March, **payment is due by December 1st and the Finance Department must be notified by November 5th**).
- If this option is elected, the retiree cannot use the tax exemption when they file their taxes for the years in which the non-taxable withdrawals are taken. It is recommended that retirees consult a tax professional prior to enrolling in this program.
- If the withdrawal does not cover the entire year's premium costs, the Retiree is responsible for submitting any premiums due for the remainder of the year in one lump sum. Premiums should be mailed to:

¹If using funds to pay for long term care premiums, the Insurance Carrier Mailing Address should be the long term care insurance carrier's address and not the City.

City of Chesapeake
Department of Finance
306 Cedar Road, 5th Floor
Chesapeake, VA 23322

- **In the event premiums are not paid 30 days in advance, insurance benefits will be cancelled and will not be reinstated.** COBRA (continuation of coverage) documents and COBRA premium rates would apply if payments are not received 30 days in advance.
- If the Retiree does not elect to use his/her ICMA account for premium payments in the following year, the City will submit a VRS-78 to resume premiums after the Open Enrollment period ends.

For more information about this benefit, please refer to the *Additional Information* section which begins on page eleven of the attached handout.

Procedures and Form Instructions

Retired Public Safety Officer Certification Form

1. Participant Information

Employer Plan Number – 301900

Employer Plan Name – City of Chesapeake

The retiree should complete the rest of this section with his/her personal information.

2. Employer Signature

Submit the form to the City of Chesapeake's Human Resources Department via fax to 757-382-8501, emailing to hrbenefits@cityofchesapeake.net, or by dropping off during normal business hours (8:00 a.m. to 5:00 p.m., Monday through Friday excluding holidays).

Qualified Insurance Policy Verification Form

- 1. ICMA-RC Participant and Policy Holder Information – a separate form must be submitted for each plan, (i.e. one for Medical, one for Dental and one for Vision coverage)**

Employer Plan Number – 301900

Employer Plan Name – City of Chesapeake

The retiree should complete the rest of this section with his/her personal information.

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2. Withdrawal Amount

Insert the dollar amount for which the retiree is requesting to withdraw (up to \$3,000/annually) for the payment of the premiums listed in section 3 below.

3. Policy Information

Insurance Carrier Name – Optima Health, Anthem Dental or Davis Vision
Policy Number – number listed on retiree’s medical, dental, or vision card

The retiree should complete the rest of this form with his/her personal information.

Attachment – ICMA-RC Insurance Premium Direct Payment Request Form (Retired Public Safety Officers)