Florida Retirement System (FRS) Application for Health Insurance Subsidy for Investment Plan Retirees

PO BOX 9000 Tallahassee, FL 32315-9000

Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

The Health Insurance Subsidy (HIS) is a subsidy payment to retired members or a qualified beneficiary to assist in the payment of health insurance cost. The **HIS is not a health insurance policy.** Eligible retirees or beneficiaries will receive \$5 per month for each year of service credit earned. The payment is at least \$30 but not more than \$150 per month. The subsidy payment is contingent upon continued approval of the Florida Legislature.

TO BE ELIGIBLE FOR THE HIS YOU MUST MEET <u>ALL</u> OF THE FOLLOWING CRITERIA:

- You must meet the definition of termination by terminating employment and not becoming employed in any capacity with an FRS employer during the first six calendar months after your effective retirement date. Employment with any FRS employer during the seventh through twelfth calendar months after your effective retirement date will result in suspension of your health insurance subsidy benefits for the remainder of your reemployment limitation period. Exceptions for FRS retirees are outlined in Section 121.091(9), F.S. Prohibited employment includes full-time, part-time, temporary, other personal services (OPS), adjunct professors, poll workers, and contractual services.
- You must have the years of creditable service required to vest under the FRS Pension Plan.
- You must be retired, which means that you have taken a distribution from your FRS Investment Plan account other than a minimum required distribution or a mandatory de minimis distribution. A rollover of your FRS Investment Plan account to another qualified plan is a distribution.
- You must meet normal retirement by age or years of service under the FRS Pension Plan as defined in Section 121.021, F.S.
- You must have one of the following types of insurance coverage for the period during which you receive the subsidy payment: health; cancer; accident; disability; dental; vision; Medicare Part A and/or Part B; TRICARE; or military health coverage. Health coverage through Medicaid, Medically Needy Programs or the Health of the Brotherhood does not qualify as health insurance coverage for the HIS.

APPLICATION PROCESS:

To apply for the HIS, an FRS Investment Plan retiree who meets the eligibility criteria above or the qualifying beneficiary, must submit the HIS-IP, Application for Health Insurance Subsidy for Investment Plan Retiree along with the following information to the Division of Retirement (the division):

- The completed application form must be signed in the presence of a notary public.
- <u>Certify</u> your health insurance coverage to the division by properly completing form HIS-IP-2, Health Insurance Subsidy Certification for Investment Plan Retirees.
 - Medicare recipients may certify their health insurance coverage by completing Section C of the form HIS-IP-2 and attaching a photocopy of their signed Medicare card to the form.
 - TRICARE recipients may certify their health insurance coverage by completing Section C of the form HIS-IP-2 and attaching a photocopy of both sides of the Military Identification Card.
 - All other types of insurance coverage must be certified as provided in either Section A or B of the form.
- <u>Proof of member's birth date</u> Proof of Birth must be legible. We will accept a photocopy of one of the following forms of proof except for "g," which requires photocopies of two of the items listed:
 - a. Copy of a birth certificate
 - b. Delayed birth certificate
 - c. Valid, unexpired U.S. passport
 - d. Census report more than 30 years old
 - e. Life insurance policy more than 30 years
 - f. If receiving Social Security benefits, a Benefit Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits.
 - g. Certificate of Naturalization
 - h. Florida driver's license issued after January 1, 2010 that indicates compliances with the federal REAL ID Act
 - i. In the absence of one of the above, a document from **two** of the following categories will be required:
 - (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
- <u>A copy of the member's death certificate</u> will be required if a qualified beneficiary is applying for the subsidy.

Note: If the member meets the above eligibility requirements, then the earliest the HIS payment could be payable is the month after taking a distribution, provided the division receives forms HIS-IP and HIS-IP-2 within six calendar months following the distribution. If the division receives the application and certification forms seven or more months after the member's distribution, the retroactive HIS payment will be limited to the maximum of six months. HIS payments shall not be subject to assignment, execution or attachment or to any legal process whatsoever.

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HIS-IP	
Effective	09/18
Calculatio	ons

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Member Name		Member SSN	
Member Date of Birth		Applicant SSN If different	
Applicant Name		Home Phone	
Applicant relationship			
to Member Mailing Address		Applicant Email	
System employers as of distribution or a mandatory de mir and meet the vesting, normal retir	Health Insurance Subsidy p , certify t , certify t , certify t , certify t , certify t , certify t , certify t	Florida Retirement System Investm	ion other than a minimum required nent Plan on
Name		Relationship	
Mailing Address			
Telephone			
Applicant Signature: (sign in the	presence of a Notary)		
Notary: State of, County	of	The above named person	who has sworn to and subscribed
before me thisday of		and is personally known	or produced
Signature of Nota	ary Public	Print, type, or Stamp Comr	missioned Name of Notary Public