

## Request for Multnomah County Retiree Benefits Packet

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You have contacted the Employee Benefits Office to request information on benefits offered through the County Retiree Health and/or County Retiree Life Insurance Programs. This information may be submitted to you in a Retiree Benefits Packet, which is tailored specifically for the eligible employee separating from County employment. In order to prepare the packet, please provide us with the following information.

### **General Information**

Today's Date: \_\_\_\_\_ Personnel #: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Executive, Exempt or Management Employee:  Yes

Bargaining Unit Member – Specify Bargaining Unit Name: \_\_\_\_\_

Last day physically at work: \_\_\_\_\_

### **PERS Information**

PERS retirement date: \_\_\_\_\_ If you have PERS service time prior to your County employment, provide PERS membership date: \_\_\_\_\_

For your membership date, contact PERS at 503-598-7377 – or - at [www.oregon.gov/PERS](http://www.oregon.gov/PERS) (to access your on-line account).

### **Health Insurance**

▶ Active County Employee: **Currently Opted Out of County Medical and/or Dental Insurance**

Eligible County employee may enroll in County Retiree medical and/or County Retiree dental insurance; however, coverage must begin at the time County employment ends.

▶ Active County Employee: **Currently Enrolled in County Medical and County Dental Insurance**

Under the County Retiree Health Insurance Program - eligible County employee may enroll in the same medical/dental insurance plans (as his/her active employee health insurance coverage) or buy down to more cost-effective coverage offered by the same health insurance provider. (Note: If enrolled in active County employee Kaiser medical or Kaiser dental insurance – and residing outside the Kaiser Permanente NW service area – Kaiser will not allow continuation of coverage. County employee must enroll in a Moda health plan under the County Retiree Program.)

### **Health Insurance – Retiree Benefits Packet Quotes**

The Retiree Benefits Packet provides quote(s) on County Retiree medical and/or dental insurance plans. Note: For active employees enrolled in Moda medical insurance, you may elect coverage from the same Moda medical plans available to you as an active employee. Some medical plans may not be available. Plans differ by employee group.

On the following page, check the health plans and level of coverage you may be interested in electing.

**Medical Insurance**

Moda	Performance	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>
Moda	Platinum	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>
Moda	Preferred	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>
Moda	Major Medical	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>
Kaiser	Medical	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>
Kaiser	Maintenance	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>

**Dental Insurance**

Delta Dental	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>
Kaiser	1-party: <input type="checkbox"/>	2-party: <input type="checkbox"/>	Family: <input type="checkbox"/>

Will you be enrolled as a dependent under a spouse/domestic partner’s County-sponsored health insurance coverage when your County employment ends?  Yes  No

Are you interested in deferring your enrollment in the County Retiree Health Insurance Program, due to your enrollment in Multnomah County sponsored health insurance through your spouse/domestic partner?  Yes  No

Name of spouse/domestic partner:

**Medicare**

Are you currently eligible for Medicare?  Yes  No

If "Yes" Are you enrolled in Medicare Part A and Part B?  Yes  No

If "No" Is it possible you may be eligible for Medicare prior to the normal age of 65 based on a disabling medical condition?  Yes  No

Do you have a family member who may be enrolled in County Retiree coverage who is currently eligible for Medicare?  Yes  No

If "Yes" Is he/she enrolled in Medicare Part A and Part B?  Yes  No

If "No" Is it possible he/she may be eligible for Medicare prior to the normal age of 65 based on a disabling medical condition?  Yes  No

**County Employment – After Retirement**

If you are being offered Multnomah County employment (such as on-call or temporary) after you separate from the County, please provide County Department/Work Unit:

**Contact Information**

Retiree Insurance Packet will be emailed to your personal email address.

Personal Email address:

Return this questionnaire by e-mail to [retiree.benefits@multco.us](mailto:retiree.benefits@multco.us), or FAX to: 503-988-6257; or interoffice this form to 503/4/Benefits/Retiree Program. If you have questions, please call 503-988-5651.