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SENATE BILL NO. 381

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - SECOND SESSION

BY SENATOR KERTTULA

Introduced: 2/3/92
Referred: State Affairs

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to information concerning health benefits for retired members of the
2 public employees' retirement system."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 * Section 1. AS 39.35.535 is amended by adding a new subsection to read:

5 (e) The administrator shall inform members who have requested appointment to
6 retirement that the health insurance coverage available to retired members may be different from
7 the health insurance coverage provided to employees and, if so, explain what the differences are.
8 The administrator shall also notify those members of time limits for selecting health insurance
9 coverage and whether the election is irrevocable. A member who has requested appointment to
10 retirement shall indicate in writing on a form provided by the administrator that the member has
11 received the information required by this subsection and whether the member has chosen to
12 receive optional health insurance coverage.

*In d
actions*
*1-25 TRS
2-25 JOB
3-31 EPORS*

FISCAL NOTE

BILL NO. SB 381

STATE OF ALASKA
1992 LEGISLATIVE SESSION

Revision Date: _____
Title: An Act relating to information concerning health benefits for retired members of PERS

Department Affected: Administration
BRU: Retirement and Benefits

Sponsor: Kerttula
Requestor: Senate State Affairs

Component: Retirement and Benefits
COMPONENT SERIAL NO. 64

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE:	0	0	0	0	0	0
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FUNDING: (Thousands of dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUNDSOURCE	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

POSITIONS

FULL-TIME:	0	0	0	0	0	0
PART-TIME:	0	0	0	0	0	0
TEMPORARY:	0	0	0	0	0	0

Estimate of current year impact: none

ANALYSIS: (attach a separate page if necessary.) The division is currently informing members of the information outlined in this bill. There will be no additional impact on the division.

Prepared By: Gary Bader *by Mike Pauslin*
Division: Retirement and Benefits

Phone: 465-4470
Date: February 7, 1992

Approved by Commissioner: Nancy Bear Usher
Agency: Department of Administration

Date: 2/7/92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB & Impacted Agency(ies).
Rev 10/90

FISCAL (DOA)



Alaska State Legislature

SENATE

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

SPONSOR STATEMENT SENATE BILL 381

Senate Bill 381, relating to information concerning health benefits for retired members of PERS, requires the administration to provide retiring employees with a statement explaining that there may be differences between their health insurance coverage which they had as employees and the insurance coverage which they will have as retirees. In addition, the legislation requires the administration to explain what the differences might be.

I have introduced Senate Bill 381 because constituents have contacted me over the years and have said that they were unaware of some of the differences in insurance coverage and the limited windows of opportunity which were available to them. At the present time, there is a one-time only, 60 day window during which retirees may apply for optional coverage for dental, visual, audio and long-term care.

These constituents had not applied within the proper time frame and as a result, were ineligible for this optional coverage.

In talking with the Division of Retirement and Benefits, it became clear that the Division provides comprehensive explanations and counseling to PERS employees who are about to retire. There are forms which are sent out to prospective retirees; follow-up telephone calls are also placed.

However, this information is not required in statute or by regulation; it is part of the Department's administrative procedure.

I am requesting that this information be mandated in statute in order to ensure the continuation of the present procedure. With the potential of declining revenues and the possibility of employee cutbacks, I want our retiring employees to feel comfortable with the transition from active to retirement status. As it stands now, a future administration may not be as caring in its approach to prospective retirees.

I urge your favorable consideration of Senate Bill 381.

INSURANCE BENEFITS

Public Employees' Retirement System (PERS)
Teachers' Retirement System (TRS)
Judicial Retirement System (JRS)
Elected Public Officers Retirement System (EPORS)

Medical Insurance

Comprehensive medical insurance coverage will be provided without cost to you and your eligible dependents when you begin receiving benefits (see exceptions below). You will, however, be required to pay the annual deductibles and any expense that exceeds the usual, customary, and reasonable charges (UCR). Detailed information about this coverage is provided in the GHLB Information Booklet.

This coverage will continue as long as you or your survivors are eligible to receive monthly benefits from the system. *Coverage will terminate when benefits are no longer payable.*

When you turn age 65, Medicare will become your primary carrier and coverage under this plan will supplement your Medicare coverage. *It is important to enroll in Medicare as soon as you become eligible so that your medical expenses will be covered at the maximum level.* Contact the Social Security Administration for more information.

A health insurance identification card will be mailed to you as soon as we receive it from the insurance company.

EXCEPTIONS

The following PERS and TRS benefit recipients are *not automatically covered* under the comprehensive medical insurance plan:

- PERS members who are first hired under the PERS after June 30, 1986, and their survivors; and
- TRS members who are first hired under the TRS after June 30, 1990, and their survivors.

These individuals *may receive the coverage by paying:*

- ✗ one-half of the monthly premium if over age 60; or
- ✗ the full monthly premium if under age 60.

PERS and TRS members and their survivors are automatically covered without cost, regardless of their hire dates, when they reach age 65. All PERS and TRS members are automatically covered without cost when they begin receiving PERS or TRS disability benefits.

Dental-Vision-Audio (DVA) Insurance

You may purchase DVA group insurance coverage for:

- ① yourself only for \$24.90 per month, or
- ② yourself and your spouse for \$49.80 per month, or
- ③ yourself and your child(ren) for \$44.70 per month, or
- ④ yourself and all of your eligible dependents for \$69.60 per month.

DVA coverage and premium rates are subject to change. Detailed information about this coverage is provided in the GHLB Information Booklet.

If you want to receive DVA coverage, *you must enroll within 60 days* following the date you are appointed to receive benefits by completing and returning a DVA Enrollment/Waiver form.

If you choose to enroll for DVA coverage, premiums will be deducted from your benefit warrants. *DVA coverage will go into effect on the first of the month after the first premium is deducted from your benefit warrant. DVA coverage does NOT go into effect on the first day of retirement.*

DVA coverage will be offered to you only once. If your Enrollment/Waiver Form is not received or postmarked within the 60 days, your right to participate will automatically be waived and you will be unable to enroll later.

Long Term Care (LTC) Insurance

You may purchase LTC group insurance coverage for yourself only, or you may purchase coverage for both you and your spouse. The LTC coverage and premium rates are subject to change. Detailed information about this coverage and current premium rates are provided in the GHLB Information Booklet.

Continued on back ➤

Long Term Care - continued

If you want to receive LTC coverage, *you must enroll within 60 days* following the date you are appointed to receive benefits by completing and returning the LTC Enrollment/Waiver form.

If you choose to enroll for LTC coverage, premiums will be deducted from your benefit warrants. *LTC coverage will go into effect on the first of the month after the first premium is deducted from your benefit warrant. LTC coverage does NOT go into effect on the first day of retirement.*

By finding your age at retirement below, you can determine your cost for this coverage. LTC premiums do not increase due to age.

Age	Premium
under 50	\$ 16.10
50 - 54	21.45
55 - 59	26.00
60 - 64	48.25
65 - 69	80.45
70 - 74	128.70
75 - 79	193.05
80 - 84	294.95

LTC coverage will be offered to you only once. If your enrollment/waiver form is not received or postmarked within the 60 days, your right to participate will automatically be waived and you will be unable to enroll later.

Life Insurance

If you are participating in a State-sponsored optional life insurance plan and you want to continue that insurance, you must elect to do so within 60 days following the date you are appointed to receive benefits by completing and returning a Continuation/Waiver card. Detailed information about the coverage is provided in the GHLB Information Booklet.

If you choose to continue the optional life insurance, premiums will be deducted from your benefit warrants. The premium rates will be based on your age. By finding your age below, you can calculate your current cost per \$1,000 of insurance. Life insurance rates increase with age.

Age	Premium Per \$1,000
29 and under	.11
30-39	.13
40-44	.22
45-49	.32
50-54	.50
55-59	.75
60-64	1.07
65-69	1.54
70-74	3.41
75-79	6.48
80-84	9.19
85 and over	14.15

If your Optional Life Continuation/Waiver card is not received or postmarked within the 60 days, your right to continue insurance will automatically be waived and you will be unable to enroll later.

ENCLOSED

- Group Health and Life Insurance (GHLB) Information Booklet
- Long Term Care (LTC) Enrollment/Waiver Card
- Dental-Vision-Audio (DVA) Enrollment/Waiver Card
- Optional Life Insurance Continuation/Waiver Card
- GHLB Claim Forms

Division of Retirement and Benefits

P.O. Box CR
Juneau, AK 99811-0203
Telephone: (907) 465-4460

701 East Tudor Road, Suite 240
Anchorage, AK 99503
Telephone: (907) 563-5885

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

DIVISION OF RETIREMENT & BENEFITS

PLEASE REPLY TO:

P.O. BOX CR
JUNEAU, ALASKA 99811-0203
PHONE: (907)485-4460

701 EAST TUDOR ROAD, SUITE 240
ANCHORAGE, ALASKA 99503-7445
PHONE: (907) 583-5885

Public Employees' Retirement System
Teachers' Retirement System
Judicial Retirement System
Elected Public Officers Retirement System
National Guard Retirement System
Territorial Retirement System
Retirees' Voluntary Dental-Vision-Audio Plan
Supplemental Benefits System
Group Health/Life Insurance Benefits
Deferred Compensation Plan
Public Employers Social Security Contributions

STEVE COWPER, GOVERNOR

PERS: _____

Dear _____:

- [] You are appointed to retirement effective _____.
- [] You are appointed to retirement under the Retirement Incentive Program (RIP) effective _____.
- [] Your _____ monthly benefit will be \$ _____, based on an average monthly salary of \$ _____ and _____ years of credited service.
- [] You will receive that Level Income benefit until age 65. In _____, after age 65, your monthly benefit will be reduced to \$ _____.
- [] Your benefit has been actuarially reduced by \$ _____ for _____.
- [] Since you elected the _____% Joint and Survivor Option, your spouse will be entitled to a monthly benefit of \$ _____ should you die.
- [] Since you elected the 66-2/3% Joint and Survivor Option, if either you or your spouse dies, the survivor will be entitled to a monthly benefit of \$ _____.

Please read the insert, "Alaska Cost of Living Allowance" for details about the additional benefit payable to retirees who reside in Alaska.

The estimated tax excludable portion of your benefit is roughly \$ _____ each month. For more details, please read the insert on "Taxes and Your Benefits."

- [] Your completed W-4P has not been received. Therefore, federal income tax is being withheld from your monthly benefits based on the tax rate

for a married person with three allowances. You may change that withholding at any time by submitting a W-4P to us specifying a different withholding option.

For information about medical, long term care, and life insurance available to retirees, please read the insert on "Insurance Benefits." If you enroll in the optional Dental-Vision-Audio (DVA) or Long Term Care (LTC) insurance plans, your coverage will not go into effect at the same time as your medical coverage. Instead, it will go into effect on the first of the month after the first premium is deducted from your retirement warrant.

-] If you want to enroll in the optional DVA plan, the enclosed enrollment form must be received by us or postmarked before _____.
-] Since you selected DVA coverage for _____, \$ _____ will be deducted from your retirement warrant each month.
-] If you want to enroll in the optional LTC plan, the enclosed enrollment form must be received by us or postmarked before _____.
-] Since you selected LTC coverage, the following amount(s) will be deducted from your retirement warrant each month:
 -] \$ _____ for your premium.
 -] \$ _____ for your spouse's premium.

If you are participating in a State-sponsored optional life insurance plan and you want to continue that coverage, your Continuation/Waiver form must be received by us or postmarked before _____.

-] You should receive a \$ _____ supplemental warrant in the near future for benefits due you for _____.
-] Retroactive premium(s) will be deducted from your _____ warrant for:
 -] DVA coverage for the month(s) of _____.
\$ _____ will be deducted. Your coverage is effective _____.
 -] LTC coverage for the month(s) of _____.
\$ _____ will be deducted. Your coverage is effective _____.
 -] Optional life insurance for the month(s) of _____.
\$ _____ will be deducted.

If you provide the following information, your warrants will be sent to _____ . In the meantime, they will be sent to your residence address.

Full Name of the Bank Post Office Box Number
 City, State and ZIP Code Account Number

If you have any questions, please contact me. Include your social security number on all correspondence.

Under the PERS statutes, you are not entitled to receive PERS benefits if you become reemployed in a PERS covered position. It is your responsibility to notify us if you become reemployed under the PERS.

Additional comments: _____

Sincerely,

Inserts:

Insurance 13 _____
Taxes 17 _____
COLA 15 _____

Enclosure(s)



STATE OF ALASKA
Enrollment/Waiver for Retiree/Benefit Recipient
Dental-Vision-Audio Group Coverage

This is to acknowledge that the Dental-Vision-Audio Group Coverage has been offered to me. I understand that this form is my only opportunity to enroll. If I choose to participate, the coverage will begin on the first day of the month following the first deduction from my benefit warrant. My choice is indicated below.

- Coverage for myself only.
- Coverage for myself and my spouse.
- Coverage for myself and my children.
- Coverage for myself, my spouse and children.
- I do not choose to purchase the Dental-Vision-Audio Group Coverage and hereby waive my right to participate now and in the future.

Social Security No. _____ Date _____

Print Name _____ Signature _____

Please indicate your retirement system: PERS TRS EPORS JRS

Please return this form to:

State of Alaska; Division of Retirement and Benefits
P.O. Box CR; Juneau, AK 99811-0203

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

DIVISION OF RETIREMENT & BENEFITS

PLEASE REPLY TO:

P O BOX CR
JUNEAU, ALASKA 99811-0203
PHONE: (907)465-4460

701 EAST TUDOR ROAD, SUITE 240
ANCHORAGE, ALASKA 99503-7445
PHONE: (907) 563-5885

Public Employees' Retirement System
Teachers' Retirement System
Judicial Retirement System
Elected Public Officers Retirement System
National Guard Retirement System
Territorial Retirement System
Retirees' Voluntary Dental Vision/Audio Plan
Supplemental Benefits System
Group Health/Life Insurance Benefits
Deferred Compensation Plan
Public Employers Social Security Contributions

STEVE COWPER, GOVERNOR

PERS: _____

Dear _____:

- [] Your Application for Retirement Benefits was received on _____.
- [] Your Retirement Incentive Program (RIP) Application for Retirement Benefits was received on _____.

Your retirement will be effective _____, subject to:

- [] Your eligibility to receive Public Employees' Retirement System (PERS) benefits in accordance with PERS statutes and verification of your credited service.
- [] The administrator's approval of your employer's participation in the Retirement Incentive Program.

Please read the insert, "Minimum Requirements for Retirement and Service Credit" for more information.

- [] You indicated that you want to retire on _____. By law, your retirement date will be the first of the month after the following requirements are met:
- [] Your employer's participation in the RIP is approved.
- [] You have terminated employment. You must submit a Notification of Termination (Form 02-1806) to your employer.
- [] Your Application for Retirement Benefits is received by the Division of Retirement and Benefits.

NOTE: If you terminate your employment on the first day of the month, you cannot be appointed to retirement until the following month.

- [] To be eligible to retire Inlandboatmen's Union of the Pacific, Alaska Region (IBU) members must have at least five years of service after October 1, 1978, in addition to the "Minimum Requirement for Retirement."

APPLICATION
8/6PERS/42.3 (06/89)

Service from October 1, 1978, through September 30, 1983, will be used only to determine retirement eligibility; it will not be used to calculate benefits.

- [] Information available to us indicates you will have _____ years of PERS service on your planned termination date. This assumes that you do not have any leave without pay (LWOP) that was not reported to us, and that your employment continues through _____. Your employer is required to verify your service before you are appointed to retirement.
- [] If you are close to being vested (five paid-up years of service) or are completing other retirement requirements, you should not leave employment until you are certain that you are eligible to retire.
- [] Your retirement application indicates that you plan to terminate employment on _____. If you terminate on that date, your 19__ earnings will not be included among your three highest years. You must be employed at least 115 days during 19__ to include it as one of your three highest.
- [] The document you provided for evidence of birth date is enclosed.
- [] The enclosed forms should be completed and returned to us as soon as possible:
 - [] Application for Retirement Benefits. This completed form must be received by the division before the first of the month in which you want to retire.
 - [] Beneficiary Designation, Revocation or Change.
 - [] Evidence of Birth Date. This form must be accompanied by a document showing evidence of your birth date. Because the document will not be returned, you should send us a copy instead of the original. Please make sure that your social security number is included on the birth document.
 - [] Evidence of Birth Date for Spouse. This form must be completed by your spouse if you choose a joint and survivor benefit. It must be accompanied by a document showing evidence of your spouse's birth date. Because the document will not be returned, you should send us a copy instead of the original. Please make sure that your social security number is included on the form as well as the birth document.
 - [] Application for Alaska Cost of Living Allowance. This form should be completed only if you reside in Alaska.
 - [] Withholding Certificate for Pensions or Annuity Payments (W-4P). PERS benefits are taxable by the federal government as soon as they are received. If we do not receive a W-4P specifying one of the tax withholding options by the time you are appointed to retirement, federal income tax will be withheld from your monthly

benefits. The tax rate for a married person with three allowances will be used to determine the withholding amount.

[] If you will provide the following information, your warrants will be sent to _____ . In the meantime, they will be sent to your residence address.

- [] Full Name of the Bank
- [] City, State and ZIP Code
- [] Post Office Box Number
- [] Account Number

Please read the insert, "Taxes and Your Retirement Benefits" for information about tax liability.

Please read the insert, "Alaska Cost of Living Allowance" for details about the additional benefit payable to retirees who reside in Alaska.

For information about medical, long term care, and life insurance available to retirees, please read the insert on "Insurance Benefits."

[] If you want to enroll in the optional Dental-Vision-Audio (DVA) or Long Term Care insurance plans, the enclosed enrollment forms must be received before _____ .

If you are participating in a State-sponsored optional life insurance plan and you want to continue that coverage, the enclosed Continuation/Waiver form must be received by us or postmarked before _____ .

[] Your Retirement Incentive Program (RIP) indebtedness will be equal to _____ percent of your annualized salary for the year that you terminate employment to participate in the RIP.

If you have any questions, please contact me. Include your social security number on your correspondence.

Additional comments: _____

Sincerely,

Inserts:

- Insurance 13 _____
- Taxes 17 _____
- PERS Minimum Requirements 1 _____
- PERS Service Credit 2 _____
- COLA 15 _____

[] Enclosure(s)

**DIVISION OF RETIREMENT AND BENEFITS
RETIREE INFORMATION FORM**

Name _____ SSN: _____

Employer: _____

Our goal is to provide you the best counseling services possible. In order for us to accomplish this goal, we would appreciate it if you would take a couple of minutes to complete and return this questionnaire because we want to make sure you have received information on the following topics:

YES NO

- () () Minimum requirements for retirement, including credited service.
- () () Normal and early benefit options.
- () () Survivor and dependent benefit options and rights.
- () () Indebtedness payment options.
- () () Alaska Cost of Living Allowance (COLA).
- () () Retiree and dependent major medical benefits (note: retiree coverage is different from your active plan).
- () () Retiree and dependent dental, vision and audio benefits
- () () Retiree and dependent long term care benefits.
- () () Continuing life insurance for participating employee's.
- () () Federal income tax withholding requirements.

SIGNATURE _____ **DATE:** _____

Please send me information on the following retirement/benefit issues: _____

