



Department of Management & Budget
 Office of Retirement Services
 www.michigan.gov/ors (800) 381-5111
 P.O. Box 30171
 Lansing MI 48909-7671

Insurance Eligibility Notice

For State Defined Contribution Participants

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
MAILING ADDRESS	DATE OF BIRTH
CITY, STATE, ZIP CODE	HOME TELEPHONE ()

My termination date is _____, 20____. I meet the age and service requirements (see reverse side) and wish to enroll in the available insurance programs effective the first of the month after my last day on payroll, or the first of the month following the receipt of this form by the Office of Retirement Services (ORS), whichever is later.

When submitting this form, you must also include:

- A copy of your birth certificate.
- *Insurance Enrollment/Change Request (R0752G)* form with the required documentation.
- *Life Insurance Beneficiary Designation (R0782GH)* form, if eligible.

I understand my insurance enrollment can not be processed until I have terminated my employment. I have notified my Human Resource office of my intent to terminate. I understand I will be billed monthly for my share of the insurance premium. Failure to pay the insurance premiums by the due date will result in termination of my insurance benefits. Re-enrollment will be subject to a six-month waiting period.

EMPLOYEE'S SIGNATURE	DATE
SPOUSE'S NAME (WRITE "NONE" IF NOT MARRIED)	SPOUSE'S SIGNATURE
	DATE

After you've completed this form, return it with the additional forms noted above:

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Keep a copy for your records.

To be completed by ORS

<input type="checkbox"/> REGULAR RETIREMENT <input type="checkbox"/> DCH FACILITY CLOSURE <input type="checkbox"/> CONSERVATION OFFICER <input type="checkbox"/> COVERED MEMBER	INSURANCE SUBSIDY _____ YEARS OF SERVICE X 3% = _____%	
ELIGIBLE FOR IMMEDIATE INSURANCE BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS OF SERVICE	AGE ON DATE OF SEPARATION
INFORMATION VERIFIED BY (PLEASE PRINT)		TELEPHONE NUMBER



Eligibility

You become eligible for health, dental, and vision insurances after you have terminated service and you have the equivalent of at least 10 years of full-time state service. To participate, you must be age 60, or terminate employment directly from state service after meeting the age and service requirements shown below.

Position	Age and Service Requirement
Regular State Employee <i>(Classified and unclassified service not otherwise listed)</i>	Age 60 with 10 years of service Age 55 with 30 years of service
Covered Employees <i>(Employees in covered positions responsible for the custody and supervision of prisoners)</i>	Age 56 with 10 years of covered service Age 51 with 25 years of covered service <i>The 3 years immediately before termination must be in a covered position.</i>
Conservation Officers	Any age with 25 years of service <i>You must have 23 years as a conservation officer, and the 2 years immediately before termination must be as a conservation officer.</i>

Insurance Subsidy

When you meet the age and service requirements, the state will subsidize your health insurance premiums. For employees hired on or after March 31, 1997, the amount of the subsidy depends on how long you worked for the state. With 10 years of service (full-time or equated to full-time), a 30% premium subsidy is available. This subsidy increases by an additional 3% for each additional full year of service. The maximum subsidy level is 90% for those who have 30 or more years of state employment.

HEALTH INSURANCE SUBSIDY TABLE																					
Years of Service	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30+
Insurance Subsidy %	30	33	36	39	42	45	48	51	54	57	60	63	66	69	72	75	78	81	84	87	90