



MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

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
EMAIL ADDRESS	

My termination date is _____, 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 I qualify for coverage. I will submit my application and proofs for everyone I want to enroll more than one month before the requested retirement effective date, or the insurance enrollment may be delayed (see reverse *Timely Application and Proofs* section for example).

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 cannot 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. For participants eligible for the premium subsidy, re-enrollment will be subject to a six-month waiting period. Personal Healthcare Fund (PHF) participants cannot re-enroll self, spouse, or dependents after disenrollment from the plan.

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"/> PHF	INSURANCE SUBSIDY
<input type="checkbox"/> CONSERVATION OFFICER	<input type="checkbox"/> COVERED MEMBER	_____ YEARS OF SERVICE X 3% = _____ %
ELIGIBLE FOR IMMEDIATE INSURANCE BENEFITS?	YEARS OF SERVICE	AGE ON DATE OF SEPARATION
<input type="checkbox"/> YES <input type="checkbox"/> NO		



Eligibility

You become eligible for health, dental, and vision insurances after you meet the age and service requirements below at termination. PHF participants must apply before termination. Graded Premium participants who have at least 10 years but do not meet the age requirement are eligible at age 60.

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 (Graded premium subsidy only)

When you meet the age and service requirements, the state will subsidize your health insurance premiums. For employees with the Graded Premium Subsidy, the amount of the subsidy depends on how long you worked for the state. The table shows the amounts you may be eligible for based on your state of Michigan years of service. The graded subsidy is currently set at 30 percent with 10 years of service with an additional 3 percent credited for each year of service thereafter up to the maximum subsidy in place for active employees. The subsidy is determined by the Michigan Civil Service Commission, and it is subject to change even after you have retired.

HEALTH INSURANCE SUBSIDY AMOUNTS																		
Years of Service	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Insurance Subsidy %	30	33	36	39	42	45	48	51	54	57	60	63	66	69	72	75	78	80

Personal Healthcare Fund

As a PHF participant, you will be responsible for the entire insurance premium. Refer to Insurance Rates for Defined Contribution Participants (R0749G) for detailed information about your rates.

Defined Benefit to Defined Contribution Transfer

If you were originally a Defined Benefit (DB) member and switched to the Defined Contribution (DC) plan, the state will subsidize your health insurance premiums when you meet age and service requirements. Refer to the premium rates for each carrier available on the Employee Benefits section of the Civil Service Commission website.

Timely Application and Proofs

For retirees who do not have Medicare, coverage can begin the first of the month after we receive your completed application and proofs, and you meet eligibility requirements.

For retirees with Medicare, coverage can begin the first day of the second month after we receive your request and any required proofs, and you meet the eligibility requirements. **For example**, if ORS receives your application and proofs on July 10, your coverage will begin September 1.

Graded premium subsidy: Regardless of when you want your coverage to start, we must receive your application and proofs for everyone you want to enroll no later than 30 calendar days after your retirement effective date, or those with missing information will be subject to a 6-month wait to enroll, starting from the date we received the new enrollment request and proofs. Retirees with the Graded Premium insurance benefit can re-enroll in the retirement system's insurance after the retirement effective date. Coverage will begin on the first day of the sixth month after ORS receives the required forms and proofs.

Personal Healthcare Fund: Regardless of when you want your coverage to start, we must receive complete application and proofs for everyone you want to enroll no later than 30 calendar days after your termination date, or you will not be able to enroll in the state-sponsored insurance plans.

