

## Important Information on Retiree Health Insurance

The County of Sonoma Human Resources Benefits Unit is responsible for administering retiree medical, dental, and life insurance for County of Sonoma retirees.

Please complete, sign, and return the Retiree Medical Insurance and Disclosure Authorization form on page 2 to the Human Resources Benefits Unit. After your completed form is received, the County of Sonoma will determine your retiree benefits eligibility and email you important retiree benefits information and an enrollment form.

### **Why complete and return this form?**

We are unable to determine your County of Sonoma retiree health benefits eligibility if this form is not completed and returned. Ensure you enter your current phone number and email address so that we can contact you with important retiree health benefits information.

Even if you are not enrolled in employee medical benefits with the County of Sonoma, you should complete and return this form.

**IMPORTANT:** If you choose not to complete and return this form we will not be able to determine your retiree health benefits eligibility and you will forfeit your right to enroll in retiree health benefits with the County of Sonoma in the future.

Retiree health benefits information is available on the County of Sonoma website at <https://sonomacounty.ca.gov/HR/Benefits/Benefit-Directory-for-Retirees/>. If you have any questions regarding the retiree health benefits determination process, please contact us.

Sincerely,

County of Sonoma Human Resources Benefits Unit  
(707) 565-2900  
[benefits@sonoma-county.org](mailto:benefits@sonoma-county.org)

# Retiree Medical Insurance Information and Disclosure Authorization

<b>Retiree to Complete</b>		
Employee Name:		Employee ID #:
Phone Number:	Department:	
E-mail Address ( <i>check preferred</i> ) -		
<input type="checkbox"/> County E-mail:	<input type="checkbox"/> Personal E-Mail:	
I authorize SCERA to release to the County of Sonoma all information reasonably necessary to evaluate or administer retiree health benefits.		
Retiree Signature:		Date:
<b>SCERA Staff to Complete</b>		
Retirement Date:	Anticipated years of Retirement Service Credit (1 year = 2,087 hours):	Bargaining Unit:
Retirement Type: <input type="checkbox"/> General <input type="checkbox"/> Safety <input type="checkbox"/> Service <input type="checkbox"/> Disability		
<i>Disability Retirements</i> - <input type="checkbox"/> Non-Service Connected <input type="checkbox"/> Service Connected		
Completed By:		Date:
Faxed to HR Benefits x1139 on (date):		
<b>HR Benefits Unit Analyst to Complete</b>		
<input type="checkbox"/> HRMS Hire Date:	<input type="checkbox"/> HR Historical Records Verified	
<input type="checkbox"/> Date Confirmed by Department	<input type="checkbox"/> Years of Service is Equivalent to Hire Date – Retirement Date	
<input type="checkbox"/> Elected Official	Applicable "Hire" Date:	
<i>Check One:</i>		
<input type="checkbox"/> RET 7/1/2016 - Retiree has a hire date before 1/1/2009 and retired on or after 7/1/2016, has at least 20,870 service continuous service hours, and is retiring directly from the County of Sonoma.		
<input type="checkbox"/> OSAHRA - Retiree has a hire date before 1/1/2009 and retired on or after 7/1/2023 (SEIU, SCPA, SCDPDAA, ESC) or on or after 7/11/2023 (Local 39, WCE, Salary Resolution), has at least 20,870 service continuous service hours, and is retiring directly from the County of Sonoma.		
<input type="checkbox"/> POST 2009 HRA - Retiree was hired on or after 1/1/2009, has earned the retiree HRA with 2 or more consecutive years of service, and is retiring directly from the County of Sonoma. Retiree is eligible to enroll in a County-sponsored plan at retiree's own expense. NOT eligible for Medicare Part B reimbursement.		
<input type="checkbox"/> DSA SERVICE CONNECTED DISABILITY RETIREMENT (RET 7/1/2016) – Retiree hired or rehired after July 1, 1990 but before January 1, 2009 who have less than ten (10) years of service, who have received a Permanent Disability Rating equal to or greater than 50% as approved by the California Workers' Compensation Appeals Board and the Sonoma County Board of Supervisors.		
<input type="checkbox"/> FULL COST – Retiree was hired before 1/1/2009 <input type="checkbox"/> (SCLEA BU 30, 40, 41, 70 & SCPDIA BU 55, 56) - Retired on or after September 25, 2018 <input type="checkbox"/> (SCLEMA BU 44) – Retired on or after September 18, 2018 <input type="checkbox"/> (DSA BU 46, 47 & DSLEM BU 43) – Retired on or after August 28, 2018 Has at least ten (10) years of consecutive regular full-time paid County of Sonoma service, and is retiring directly from the County of Sonoma. Retiree is eligible to enroll in a County-sponsored plan at retiree's own expense and to receive a monthly contribution to the Retiree HRA (SCLEA, SCLEMA & SCPDIA) or Retiree Medical Trust (DSA & DSLEM). NOT eligible for Medicare Part B reimbursement.		
<input type="checkbox"/> <b>Full Cost Retiree is not enrolled in a health plan of another County employee or retiree</b>		
<input type="checkbox"/> NOT ELIGIBLE		
Certified by:		Date: