



County *of* Galveston

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Department of Human Resources

# Retirement

## Employee Guide & Forms

GALVESTON COUNTY DEPARTMENT OF HUMAN RESOURCES

# **Retirement Guide Book & Forms**

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## Retirement Eligibility

*This section will help you determine whether you will qualify to retire*

**T**here are two different ways in which you can retire with Galveston County. You may qualify to retire based on your years of service and age or you may meet certain requirements to qualify for retirement based on a disability. Both options have their own set of requirements and guidelines.

### **Service Retirement:**

Once you are vested (8 years of service) with the County, you are eligible for a monthly retirement benefit through TCDRS when you meet one of the following requirements:

- Age 60 with 8 years of service; or
- Any age with 30 years of service; or
- Age plus your years of service equals 75 (also called the Rule of 75 or Points).

### **Disability Retirement:**

You may be able to medically retire through TCDRS based on a qualifying medical or psychological disability.

- 4 year vesting period if your disability was work related
- 8 year vesting period if your disability is non-work related

### **Important Note**

Service time with sister systems of TCDRS or service with another Texas county can count towards your vesting period with Galveston County. Other Texas public retirement system accounts are:

Employees Retirement System of Texas (ERS), Texas Municipal Retirement System (TMRS), City of Austin Employees Retirement System (COAERS), Teacher Retirement System of Texas (TRS) and Judicial Retirement System of Texas (JRS).



## Retirement Systems

*This section will provide you with pertinent contact information*

**W**hen it comes to retirement, there are multiple possible sources of income for you. Below are the most common and most important as well as contact information.

### **Texas County & District Retirement System (TCDRS)**

- Defined as a 403(b) by the Internal Revenue Service (IRS)
- Contact member services at **1-800-823-7782** to obtain retirement estimates. Hours of operation are 7:30am to 6:00pm Monday through Friday.

### **The Alternate Plan (Social Security replacement)**

- Defined as a 457(b) by the Internal Revenue Service (IRS)
- For account information, please contact AUL/OneAmerica at 800-261-9618 or sign into your account at [www.oneamerica.com](http://www.oneamerica.com).

### **Nationwide Retirement Solutions**

- Nationwide offers voluntary retirement accounts for employees.
- For information, please contact Nationwide at 1-877-677-3678 and a representative will assist you.

### **Social Security**

- If you have had employment elsewhere other than with Galveston County and have paid into Social Security you will need to make plans to account for the involvement of Social Security.
- The Social Security office in Angleton, Texas is better suited to guide you in regards to the County's unique retirement options and plans.
- 2921 North Valderas St, Angleton, Texas 77515. **1-866-338-2940**.

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## TCDRS Pension

*This section will explain the key components of your pension plan*

**T**he main source of your retirement income as a retiree from Galveston County will be from the Texas County & District Retirement System (TCDRS). Although it is not the only retirement plan you have, it is the main one.

### Deposits & Vesting:

Throughout your employment with Galveston County, you have been depositing 7% of your gross earnings into your TCDRS account on a pre-tax basis. You also earn 7% interest annually on your account balance. Once you are vested and meet retirement eligibility, the County will match your account balance (principal plus interest) at 200%.

### Payments from TCDRS:

Your account balance, interest earned and the County match will be used by TCDRS to calculate your monthly pension payment.

Once you retire you will receive a monthly payment from TCDRS for the rest of your life. Your payment will be direct deposited into an account of your choosing on the last day of each month.

### Beneficiaries:

At the time of your retirement, you will have the opportunity to select various options regarding continued payments to your selected beneficiary. Your beneficiary(ies) will continue (depending on the option selected) to receive a monthly payment for the remainder of their life should you pass away first.

### Important Notes

- Apply for your TCDRS retirement online at [www.TCDRS.org](http://www.TCDRS.org) and click “Sign In” to access your account.
- Update your mailing address, email and phone number online when you sign into your account.
- You will receive a 1099 form for income tax purposes at the end of the year
- IRS taxes is the only deduction withheld from TCDRS payment

# RETIRE ONLINE WITH TCDRS!

The new online benefit application:

- ★ Streamlines processing
- ★ Is safer and more convenient than paper
- ★ Lets you track your application status on your Account Summary page

*Forget fax machines and paper forms. Now you can apply for your TCDRS retirement online.*

The screenshot displays the TCDRS online interface. At the top left is the TCDRS logo. On the right, a 'My Information' dropdown menu shows the user's name 'Maria Verbina' and 'Member Since 2007'. Below this is a 'Select Employer' dropdown menu with 'Bluebonnet County' selected. The main content area is divided into two columns. The left column, titled 'Account Summary', shows an account balance of '\$37,931.24', service time of '11 years, 9 months', and an eligibility date of 'March 2019'. A 'View details' link is present. The right column, titled 'Prepare for Retirement', contains instructions and two buttons: 'Estimate benefit' and 'Apply for Retirement'. The 'Apply for Retirement' button is circled in red. Below these columns, the start of an 'Account Growth' section is visible.

- ★ Go to [www.TCDRS.org](http://www.TCDRS.org) and click “Sign In” to access your account.
- ★ The blue “**Apply for Retirement**” button can be found on your Account Summary page up to six months before you’re eligible for retirement.
- ★ It’s good to run benefit estimates and have your retirement date and benefit payment option in mind before you start your application. If you need help, contact TCDRS Member Services at 800-823-7782.

*Apply for retirement today at [www.TCDRS.org](http://www.TCDRS.org)*



# MOVE OVER PAPER

## Steps to complete your retirement application online:



- 1 Select your retirement date
- 2 Pick the payment option that works best for you and your loved ones
- 3 Designate beneficiaries (have their Social Security numbers ready)
- 4 Review your benefit payment options
- 5 Make your income tax withholding selections
- 6 Choose a bank account to receive your monthly benefit payment
- 7 If married, enter your spouse's name and email for their digital signature
- 8 Look over a summary of your application to make sure it is correct and submit it

You will not be able to save an uncompleted application and return to it later. But, once you submit it, you will get a copy for your records.

## We're here to help!



If you would like to talk about your future retirement benefit, sign up for a **free online counseling session** with TCDRS at [www.TCDRS.org/OnlineCounseling](http://www.TCDRS.org/OnlineCounseling). If you have any questions, call TCDRS Member Services at 800-823-7782.





## AUL Alternate Plan

*This section will explain the Social Security opt out plan*

Perhaps one of the most unique aspects about employment with Galveston County is the fact that in 1980 the County opted out of Social Security. This means that no employee of Galveston County pays Social Security taxes.

### The Alternate Plan

Although the County opted out of participation in Social Security, employees **must** still pay into a private plan that is similar to Social Security. The chosen plan is referred to as the Alternate Plan through American United Life (AUL).

- Employees contribute 6.13% of their gross salary on a pre-tax basis into an individual and private account.
- Galveston County contributes an additional 3.607% to your account.
- You may choose to invest your deposits in an array of different options. Please contact Human Resources to discuss your options.

### Available Options

Unlike TCDRS where you must take a lifetime monthly payment, with AUL you have many more options on what to do with your money. You can:

1. Withdrawal your entire account balance; or
2. Leave your account as is and withdrawal amounts as needed over time; or
3. Rollover your account into an IRA; or
4. Annuitize your account to receive a monthly payment.

### Important Note

Anytime you withdrawal money it is subject to 20% IRS withholding.

## Participant Beneficiary Designation Form

(For plans offering Qualified  
Pre-Retirement Survivor Annuities)

Products and financial services provided by  
American United Life Insurance Company™  
a ONEAMERICA® company  
One American Square, P.O. Box 6011  
Indianapolis, IN 46206-6011  
1-800-249-6269



### Instructions for the Plan Participant

1. Complete the **"Participant Marital Status"** section of this form.
2. To elect that a pre-retirement benefit be distributed in a form **other than** a life annuity, complete the **"Election of Pre-Retirement Death Benefit"** section of this form.
3. To designate a Beneficiary or Beneficiaries, complete the **"Beneficiary Designation"** section of this form.
4. Read, then complete the **"Participant Signature"** section of this form.
5. If you are married and have met any of the requirements necessary for spousal consent, have your spouse read, then complete the **"Spousal Authorization"** section of this form.
6. Keep a copy of the completed form with your other important records and return the original to your plan representative.

### Information for Plan Participant

#### Trust Information

If your Beneficiary is a trust, there shall be no obligation to inquire into the terms of the trust, and payment of the proceeds as provided in the designation will be a full discharge from all liability. If, before payment of the proceeds is made, satisfactory proof is presented that the trust has been revoked or is not in effect at your death, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary. If the trust has been created by a will but fails to come into existence for any reason, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary.

#### Community Property Information

(Only applicable to plans not subject to the Employee Retirement Income Security Act (ERISA) of 1974 and in the states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin. This is also applicable in Alaska if you and your spouse agree to make it community property through a community property agreement or a community property trust.)

If there has been no previous written notice of community property interest and the space for the consent of your spouse is not completed, then anyone acting on the information contained herein shall be entitled to rely on his/her good faith belief that no such interest exists.

This good faith reliance shall apply to any payment to a named Beneficiary even though:

1. You have not obtained the consent of a former spouse having a community interest; or,
2. You and your spouse subsequently divorce; or,
3. Your spouse dies after the date of execution of this designation; or,
4. You and your spouse subsequently sever your interest in the community.

#### Qualified Pre-Retirement Survivor Annuity (QPSA) Information

This form assumes that your plan provides for a QPSA of 100% of your vested account balance at death. Plan documents may differ in their provisions concerning such items as revocability of spousal consent, the minimum percentage for a QPSA, and other significant matters. Contact your plan representative if you have questions about your plan document or provisions specific to your plan.

Many plan documents provide that if you do not waive the QPSA benefit then your spouse has the option to choose the QPSA or another form of available distribution under the plan. Contact your plan representative if you have questions about your plan document or provisions specific to your plan.

Your plan provides that a Qualified Pre-Retirement Survivor Annuity (QPSA) be paid to your spouse in the event that your death occurs before the benefit under the plan becomes payable. A portion of the value of your vested account balance at death (between 50% and 100%, according to your plan) is used to provide a monthly payment to your spouse for life. This form of benefit is a "life annuity."

You may elect a form of distribution other than a QPSA if your plan allows. In order for such an election to be effective, it must be in writing and must include the consent of your spouse, witnessed by a plan representative or a Notary Public.

The plan may provide that any such election may be revoked at any time, thereby reinstating the QPSA. You may choose to decline the automatic QPSA, but only under certain circumstances, as described below. The period during which you may elect to decline the automatic QPSA starts on the latest of:

1. The first day of the plan year in which you attain age 35, or
2. The date on which you first become a participant, or
3. The date on which you are married.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Plan Name: Galveston County Plan Number: \_\_\_\_\_

### Information for Plan Participant (continued)

Your election period ends at the earlier of:

1. Your death, or
2. Your annuity starting date.

However, if you separate from service of the plan sponsor prior to attaining age 35, the election period begins on your separation from service.

**Note:** If you are under age 35, you also may elect (with appropriate written spousal consent) to decline the automatic QPSA. This election expires at the beginning of the plan year in which you attain age 35, unless you then renew the election and the spousal consent. If you are under age 35 and you want to make this election, you must:

1. Notify the plan representative,
2. Secure written spousal consent, and
3. During the plan year in which you attain age 34, if you wish to renew your election so that it extends beyond the first day of the plan year in which you attain age 35, you will need to complete this form again.

#### Financial Effect of a Married Participant's Election to Waive QPSA

If you are married and do not waive the QPSA, the plan will pay your surviving spouse the QPSA. The QPSA will not pay any further benefits after your spouse dies.

If you are married and waive the QPSA (with spousal consent), your entire vested account balance will be paid to your designated Primary Beneficiary (or Beneficiaries) then living, otherwise to the next class of living Beneficiaries you designate. If any amount remains in the plan when your Beneficiary (or Beneficiaries) die, the remaining benefit will be paid under the terms of your elections herein if specified or, if not so specified, under the terms of the plan. You may designate different Beneficiaries to receive their respective portions of your vested account balance under the plan.

### Participant Marital Status

If you are married, federal law (and/or the terms of your plan) generally requires that death benefits from the plan be paid to your spouse when you die.

Married.

If you are married and have designated a Beneficiary other than, or in addition to, your spouse, your spouse's signature is required in order to complete your designation. And/or, if you elected a pre-retirement death benefit other than a life annuity, your spouse's signature is required in order to complete your designation. **Your spouse's consent must be witnessed by a plan representative or a Notary Public.**

Married but unable to locate my spouse.

If you are married and cannot locate your spouse, spousal consent is not required to elect a form of distribution other than QPSA; however, your election must be witnessed by a plan representative or a Notary Public. Your plan representative may request evidence for the plan's records.

Unmarried.

Because your spouse would have certain rights to your death benefit, your Beneficiary designation(s) becomes invalid if you are married at the time of your death, unless your spouse has consented in writing to your designations. You should immediately inform your plan representative of any change in your marital status.

### Election of Pre-Retirement Death Benefit

I hereby elect a form of pre-retirement death benefit **other than** a life annuity. If married, I hereby waive the QPSA.

Option 1 – Lump Sum.

Option 2 – Certain and Life Annuity. The period certain (select a period) is to be  5  10  15 years.

Monthly payments are to continue for the life of my Primary Beneficiary (or Beneficiaries). If my Primary Beneficiary (or Beneficiaries) should die before the end of the certain period, monthly payments are to continue to my secondary Beneficiary (or Beneficiaries) in the same amount for the remainder of the period. If the last living payee dies before all period certain monthly payments are made, that last payee's estate will receive those payments.

Option 3 – Discretionary. The form of benefit shall be elected by my Beneficiary (or Beneficiaries) upon my death.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Plan Name: Galveston County Plan Number: \_\_\_\_\_

### Beneficiary Designation

Complete this section to designate a Beneficiary or Beneficiaries. Enter full names, relationship to you (for example, spouse, child, grandchild, etc.) and date of birth.  
Benefits are payable to the survivors within the highest class (Primary, Secondary or Tertiary) in equal shares unless specified otherwise here. The rights of other Beneficiaries shall terminate upon such payment.  
The Beneficiary or Beneficiaries for the benefit payable at my death shall be as follows:

### Primary Beneficiary

1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		

*Designated percentage(s) must total 100%.*

#### If naming a Trust:

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

*If no primary Beneficiary is living at the time of your death, benefits will be paid to the second class of Beneficiaries.*

### Secondary Beneficiary

1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		

*Designated percentage(s) must total 100%.*

#### If naming a Trust:

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

*If no secondary Beneficiary is living at the time of your death, benefits will be paid to the tertiary class of Beneficiaries.*

### Tertiary Beneficiary

1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____ %
	ADDRESS		CITY, STATE, ZIP		

*Designated percentage(s) must total 100%.*

#### If naming a Trust:

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

### Participant Signature

By signing below, I hereby designate the Beneficiary (or Beneficiaries) as listed; that I am electing a form of pre-retirement death benefit other than a life annuity (if the "Election of Pre-Retirement Death Benefit" section is completed); and certify that the marital status I've indicated is correct. In the event of my death, I authorize the plan representative to make distributions to the listed Beneficiary (or Beneficiaries), but acknowledge that if spousal consent to my designation is required, such designation is invalid unless my spouse has consented in writing and such consent is witnessed by a plan representative or a Notary Public.

Participant's Printed Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** If you certified that you are married, but you are unable to locate your spouse, your election must be witnessed by a plan representative or a Notary Public.

Witnessed by:

Plan Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

### Spousal Authorization

Select ALL applicable:

I am the spouse of the plan participant named above and understand that my spouse is designating a Beneficiary other than, or in addition to, myself. I approve of and consent to the designation of all Beneficiaries listed in the "Beneficiary Designation" section. If applicable, I hereby transfer any community property interest I have in, or would otherwise acquire in, this account into the separate property of my spouse for disposition consistent with this designation. I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.

I am the spouse of the plan participant named above and consent to the election of a pre-retirement death benefit other than a QPSA. I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.

I understand that, but for this consent, should my spouse die before his or her benefit commencement date under the plan, I would be entitled to receive a surviving spouse's benefit in the form of a life annuity. I have been provided with all information that I may have requested from the plan administrator as to the economic effect of my consent and as to whether I may revoke my consent. I understand fully the consequences of this action on my part and the loss of benefits that I may experience if I survive the participant. I have participated in the participant's decision to designate a Beneficiary other than me and/or to decline coverage under the QPSA form of benefit.

Spouse's Printed Name \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by:

Plan Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

### Instructions for Plan Representative

Retain the original Beneficiary Designation with your plan's important documents. American United Life Insurance Company® does not require a copy for its records.



## Life Insurance Policy

*This section will explain the portability of your County life insurance policy*

**T**here are many things to account for during retirement. One of the most important things one can do for the care for a loved one after death is to have life insurance. Galveston County offers a life insurance policy, free of charge, to all benefit-eligible employees and retirees.

### **Service Retirement:**

Should you retire based on service, your county life insurance policy will convert to a **\$50,000** paid-up, guaranteed retired life reserve (RLR) policy that will remain with you for the rest of your life. You will receive a copy of the certificate of issuance upon retirement that lists the value of the policy and any beneficiaries you have listed. You may change your beneficiary at any time. There is no cash value to the retiree, only to the beneficiary.

### **Disability Retirement:**

Should your retirement be based on a qualifying disability, the current value of your life insurance policy will transport into retirement. The policy will not convert to \$50,000 as it does with a service retirement.

### **Important Note**

The county life insurance policy is a standard benefit offered to all benefit-eligible employees with a minimum of 8 years of service to Galveston County and eligible for a TCDRS retirement. The policy is subject to change at the discretion of Commissioner's Court. The current policy value for employees is:

**Full-Time = \$50,000**  
**Half-Time = \$25,000**



**To Be Completed By Human Resources**

Group Number <b>602107</b>	Division	Billing Category	Date of Employment
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**To Be Completed By Applicant**    Apply for Coverage    Beneficiary Change *Complete Beneficiary Section below.*    Name Change  
 Add or  Delete Dependent   Date of add/delete \_\_\_\_\_

<b>Your Name (Last, First, Middle)</b>	<b>Your Social Security Number</b>	<b>Birth Date</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Your Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
Former Name (Last, First, Middle) <i>Complete only if name change</i>		<b>Phone Number</b>	
Employer Name <b>Galveston County</b>		<b>Job Title/Occupation</b>	
Hours Worked Per Week	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

**Coverage** *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

**Life Insurance**

Life (Employer Paid)

**Beneficiary** *This designation applies to Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

<b>Primary - Full Name</b>	<b>Address</b>	<b>Soc. Sec. No.</b>	<b>Relationship</b>	<b>% of Benefit</b>
<b>Contingent - Full Name</b>	<b>Address</b>	<b>Soc. Sec. No.</b>	<b>Relationship</b>	<b>% of Benefit</b>

**Signature** I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

**Member/Employee Signature Required** \_\_\_\_\_ **Date (Mo/Day/Yr)** \_\_\_\_\_



## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated\_\_\_\_\_.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.



## Medical Coverage

*This section will explain your medical coverage throughout retirement*

**T**he need for medical insurance is perhaps more important during retirement than it is during any period of your life. As you age, your health will be a top concern for you. As a retiree from Galveston County you will have the option to carry your medical coverage with you into retirement.

### **Retirement before age 65:**

Should you retire before the age of 65 you will be allowed to retire with your current level of coverage. You cannot add any products or change coverage at the time of retirement, you can only decrease coverage and once you decrease coverage, you can never increase it in the future. You will continue to pay your current premiums.

### **Medicare at age 65:**

As a retiree of Galveston County, you must have Medicare Parts A & B in place to continue coverage once you turn 65 years of age. You will then be eligible for the Aetna Medicare PPO Plan that the County offers Medicare Eligible retirees.

### **Payment of Premiums:**

At the time that you retire, you will provide Human Resources with the bank account information you wish to pay your monthly premiums with. The Galveston County Treasurer's office has anywhere from **between the 1<sup>st</sup> and the 10<sup>th</sup> of each month** to draft your premium payment.



# Health Insurance Payment Authorization

Galveston County Human Resources Department

722 Moody Ave. 3rd Floor  
Galveston, TX 77550  
Phone: 409-770-5418 Fax: 409-770-5351



## Section I – Retiree Information

Please print clearly and answer all

Last Name First Name MI Retiree ID

Mailing Address City State Zip

Preferred Contact Phone Number Alternate Phone Number E-mail Address

## Section II – Coverage & Debit Authorization Details

Please check all that apply

- Health Care Premium
- Aetna Medicare Plan
- Dental
- Vision
- Employee Assistance Program (EAP)

## Section III – Payment Method Preference and Authorization

Please check ONE

- Checking Account
- Savings Account
- Credit/Debit Card
- Monthly Invoice (pay by check/money order)

\*\*\* By selecting the checking, savings or credit card option, you are authorizing a monthly debit/charge from the account you designate below \*\*\*

## Section IV – Account Information

Please complete either banking or credit card information if elected above

**Draft will begin the next month between the 1<sup>st</sup> and 10<sup>th</sup>.**

Retiree Name on Bank Account Bank/Credit Union Name

Routing Number Account Number

\*\*\* For verification purposes, please attach a voided check or print out from financial institution listing routing and account numbers \*\*\*

Retiree Name on Credit Card

\*\*\* There is a 2.5% processing fee with a \$3.00 minimum for credit card transactions. \$3.00 flat fee if run as debit \*\*\*

Type of Credit/Debit Card Credit/Debit Card Number Expiration Date

Visa, Mastercard or Discover. Unable to accept American Express.

## Section V – Signature & Authorization

Return completed form to Human Resources

Signature Date

**THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL GALVESTON COUNTY HAS RECEIVED WRITTEN NOTICE OR A VIOLATION OF INSURANCE TERMS AND POLICY**

The County Treasurer is authorized to impose a fee of \$30.00 of all returned items for services rendered by Galveston County as allowed in the Local Government Code Sec.118.142



## Other Optional Benefits

*This section will explain how to maintain your other benefits during retirement*

If you are enrolled in any optional benefits please contact the Human Resources Department to inquire about the possibility of keeping your plan(s) into retirement:

### **Employee Assistance Program (EAP):**

You can elect to keep your enrollment with EAP active as a retiree. The premium for this coverage is very minimal at just \$1.85 per month (\$22.20/year). This premium can be added to your monthly bank draft or you can elect to pay it directly to the Treasurer's office.

## Employee Assistance Program (EAP) Enrollment Form Galveston County

The EAP provides up to 6 face-to-face counseling sessions per year with a therapist for issues such as stress, depression, grief, substance abuse, financial advice, marriage and family issues.

***The program is confidential.***

The monthly premium for the program is \$1.85.

List eligible dependents (Spouse and Children up to 26 years of age) to be covered:

Name	Birthdate	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I hereby request enrollment in the program for myself and eligible dependents listed on this form and agree to pay the premium as required.**

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**-OR-**

**I elect to opt-out of the program.**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Final Check & Payouts

*This section will explain what to expect with your final paycheck from the County*

**Y**our final paycheck from the County will be direct deposited into your bank account as it normally is as long as you have no outstanding County property in your possession. Your final check will include wages owed for the final pay period in which you worked along with any payouts that you may be entitled to.

### Final Check:

Your final check will include any time worked in the pay period immediately preceding your retirement date. Retirements are always effective the last day of the month in which you retire. Your final check will also include any payouts for unused sick and vacation leave you may be entitled to. Limits on payouts are outlined below. In order to avoid potentially high taxes on your payouts, you may elect to rollover the payout amount into a voluntary retirement account. **See HR for the required rollover form.**

### Payout of Unused Vacation leave:

Employees hired prior to October 1, 2011 are paid accumulated vacation leave up to the maximum permitted amount upon retirement from County.

Employees hired on or after October 1, 2011 are paid a maximum accumulated vacation leave up to 120 hours of accumulated leave upon retirement from the County.

### Payout of Unused Sick Leave:

Active employees eligible for regular service retirement or disability retirement who were hired before October 1, 2011 and retire under that system of TCDRS or AUL are paid one-half awarded unused sick leave upon retirement from the County.

Active employees who were hired on or after October 1, 2011, who are eligible for regular service retirement or disability retirement and retire under that system of TCDRS or AUL are not paid for unused sick leave upon retirement from the County.





## Future Notices & Communication

*This section explains how Galveston County will stay in touch with you*

**O**ver time benefits, policies, laws and procedures may change. You will not be left in the dark. Galveston County will make every effort to keep you informed and abreast of all changes that may occur and that will have an impact on you during retirement.

### **Retiree Responsibilities:**

- Always provide Human Resources with your correct and most recent mailing address and phone number(s). If you move, make sure that Galveston County is aware!
- You will receive your W-2 form in the mail in January or February of the year immediately following your retirement from Galveston County. Tax forms from the independent retirements systems will be mailed directly to you each year.
- Up to date contact information is crucial in order for Galveston County to coordinate all of your retirement benefits that you have worked so hard to earn!

### **Galveston County Responsibilities:**

- A representative from Galveston County Human Resources will contact you directly by phone if a situation arises that needs your immediate attention.
- You will be notified by mass mailings of any changes that affect all retirees whether it is a change to the medical plan or any other benefit as a result of a vote by Commissioner's Court or by law.

### **Important Note**

Communication is key! Please stay in touch with Galveston County and Galveston County will stay in touch with you! Help us help you.



**For Human Resources Use Only  
Check List for Retirement**

**Employee Name:** \_\_\_\_\_ **Employee ID #** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**W-2 Forms**

Provide Human Resources Department with your correct address and phone number(s) to receive your W-2 Form in January.

**Type of Retirement:**

Service       Disability

**Effective Date of Retirement:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

TCDRS Term date entry

**Texas County and District Retirement System – 1-800-823-7782 / (512) 328-8889**

- You will receive a 1099 form for income tax purposes at the end of the year.
- An employee must have a payroll deposit going into the retirement system every month up until the date of the effective retirement. If there is no deposit for any given month, the retirement date will change accordingly.
- IRS taxes is the only deduction from check unless waived

Deferred Retirement (Eligible to retire, but does not want to start annuity payments)

Retirement Estimate

Apply for your TCDRS retirement online at [www.TCDRS.org](http://www.TCDRS.org) and click “Sign In” to access your account.

**AUL/OneAmerica - 1-800-261-9618**

- Retirement Options (AUL account / Voluntary account(s))
- Loan repayments
- Certificate of coverage under County of Galveston issued by Standard Life Insurance
- Texas Life refund (if entitled)
- Premium payments for Cancer Plans and Life Insurance

RLR Form (Requirements: minimum of 8 years of service to Galveston County & eligible for a TCDRS retirement, Full Time= \$50,000, Half Time = \$25,000)

AUL Account Statement

The Commissioners' Court will review benefit plans for all employees and retirees annually. After this review, benefits can be changed or terminated for employees and/or retirees.

**You cannot add any dependents or increase any of your benefits at, or after, time of retirement. You can only continue coverage of what is already in place.**

**Are you going to a new employer that offers medical coverage that you would be eligible for?**  Yes  No

**If so, please provide name of Insurance Company:** \_\_\_\_\_

- Benefit Confirmation Form to Benefits Manager (Copy of Medicare card if applicable)
- Employee Assistance Program Form
- Health Insurance Payment Authorization (Drafted between the 1<sup>st</sup> and the 10<sup>th</sup> of each month)
- Deferred Payouts form
- Leave Balances Form
- I do not wish to rollover my leave balances to AUL \_\_\_\_\_ (initial here)
- Nationwide Retirement Solutions, for account information please contact (877) 677-3678

**PAYROLL CHECK**

*Vacation and sick hours will be paid according to County Policy and will be on the final check.*

- Date of final payroll check: \_\_\_\_\_
- Clearance from Department- turn in all County property to supervisor to avoid a delay
- Retirement notice given to supervisor
- Online Exit Interview Survey: We invite you to take the survey at: <http://www.galvestoncountytx.gov/hr/Pages/Exit-Survey.aspx>. If you would like to discuss the survey in person, we will gladly meet with you at your convenience.

\_\_\_\_\_  
**Employee Signature** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Human Resources Signature** **Date:** \_\_\_\_\_