VERIFYING ELIGIBILITY FOR RETIREE HEALTH BENEFITS

- □ If you plan to **retire within 6 months**, skip to the Enrollment section.
- □ If you plan to **retire within 24 months**, submit an <u>HBA1 Retirement Eligibility Verification Form</u> to Benefits Administration. You will receive a response within 90 days indicating your eligibility.

For eligibility information, visit <u>www.lausd.org/benefits</u> under the Retirees section.

ENROLLING IN HEALTH BENEFITS

- □ Apply for retirement through CalSTRS/CalPERS. Send a copy of the Award Letter/Acknowledgment letter to Benefits Administration. You must receive a monthly pension allowance to qualify for retiree health benefits.
- □ Submit a resignation form to Human Resources or Personnel Commission. The resignation date must be one day prior to the retirement date.
 - For certificated employees, complete form **HR Form 8152**.
 - For classified employees, complete form **PC5209**.

Resignation automatically generates a COBRA packet to be mailed to you; please do not enroll in COBRA benefits if you are eligible and plan to enroll in retiree District-sponsored health benefits.

- □ Submit a <u>HI-22 Application for Continuation of Health Benefits Form</u> to Benefits Administration at least **3 months before** your retirement date.
 - If you elect Health Net Seniority Plus, fill out <u>Health Net's Seniority Plus Enrollment Form</u> to enroll in Medicare Advantage Plan. This requirement only applies to the Health Net Seniority Plus plan.

If you and/or your spouse/domestic partner are age 65 or older at the time of your retirement:

- □ Apply for Medicare Parts A and B with the Social Security Administration (800-772-1213) or visit <u>www.ssa.gov</u>. The initial enrollment period starts **3 months before** you or your spouse/domestic partner turn 65.
- □ When applying for Medicare, the Social Security Administration requires form **CMS L564 Request for Employment Information**. Request Benefits Administration for a completed **CMS L564** form.
- □ Request your effective Medicare date to be the first of the following month of your retirement date.
- □ Submit a copy of your Medicare Card to Benefits Administration. If you do not qualify for premium-free Part A, submit an ineligibility letter for Part A from the Centers for Medicare and Medicaid (CMS).

NOTE

- □ Student verification is required for dependent children between ages 19-25 for medical, dental, and/or vision coverage. Dependent disabled children must meet the disability standards of your medical plan and must be enrolled prior to age 26. Disabled certification must be done **90 days prior** to your retirement date.
- □ If you have a P.O. Box address on file with the District and are enrolling in Anthem Medicare Preferred (PPO) or Kaiser Senior Advantage Plan, you must complete a <u>P.O. Box Address/Attestation Form</u>.
- □ If you have Flexible Spending Account(s), remember you have **90 days after** your retirement date to submit any claims for services rendered while you were an active employee.
- □ If you are enrolled in an optional life insurance plan, you may convert to an individual policy by contacting your life insurance administrator **within 30 days** of your retirement.

HBR9 Rev. 05/2024 Have Questions? Contact Benefits Administration benefits@lausd.net | (213) 241-4262 www.lausd.org/benefits

