



County of Galveston

Department of Human Resources

Retirement

Employee Guide & Forms

GALVESTON COUNTY DEPARTMENT OF HUMAN RESOURCES

Retirement Guide Book & Forms

County of Galveston
Human Resources
722 Moody • 3rd Floor
Galveston, TX 77550
Phone 409.770.5418 • Fax 409.770.5351

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Retirement Eligibility

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

There 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 contact information for each retirement systems.

When you are ready to set your retirement date, you will need to work directly with each retirement system to establish your retirement benefits and payment elections.

Texas County & District Retirement System (TCDRS)

- This Pension Plan offers a lifetime monthly payment and is defined as a 401(a) by the Internal Revenue Service (IRS).
- All employees contribute 7% of their gross salary on a pre-tax basis and is matched 200% at the time of retirement.
- Contact member services at 1-800-823-7782, visit them online at www.tcdrs.org. Hours of operation are 7:30 am to 6:00 pm Monday through Friday. You may also download the TCDRS app to your mobile device.

Social Security Replacement Plan

- Defined as a 401(a) by the Internal Revenue Service (IRS)
- All employees contribute 6.12% of their gross salary on a pre-tax basis into the Social Security Replacement Plan.
- For account information, please contact VOYA customer service at 1-800-584-6001 or log into your portal at www.voyaretirementplans.com

Nationwide Retirement Solutions

- Nationwide offers voluntary retirement accounts for employees. For information, please contact Nationwide at 1-877-677-3678.

Social Security

- If you have ever contributed to Social Security, you will need to contact the Social Security Administration at **1-866-338-2940** or visit their website at www.ssa.gov for information related to your retirement payment options.

TCDRS Pension Plan

The main source of your retirement income as a retiree from Galveston County will likely 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 deposited into your bank account 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 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 each year.
- IRS taxes are 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 Texas County & District Retirement System logo. A 'My Information' dropdown menu shows the user's name as Maria Verbina, a member since 2007. Below this is a 'Select Employer' dropdown menu currently set to 'Bluebonnet County'. 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. A partial 'Account Growth' section is visible at the bottom.

- * Go to 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



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. If you have any questions, call TCDRS Member Services at 800-823-7782.



Social Security Replacement Plan

Galveston County Employees do not contribute to Social Security.

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.

Although the County opted out of Social Security, employees must still contribute to a retirement plan that is similar to Social Security. This plan is referred to as the Social Security Replacement Plan and is managed by Voya.

Social Security Replacement Plan—Plan Number 971618—401(a)

All employees must contribute 6.13% of their gross salary on a pre-tax basis into the Social Security Replacement Plan. Galveston County contributes an additional 3.607% each pay period. These funds are deposited into an account with Voya.

The Alternate Plan—Plan Number 971617—457(b)

Employees can make voluntary contributions to their Voya account to save additional money for retirement. Options to contribute tax-deferred amounts or a post-tax Roth are available.

Retirement Payment Options

There are several payment options once you retire:

1. Withdraw your entire account balance; **or**
2. Leave your account as is and withdraw amounts as needed over time; **or**
3. Rollover your account into an IRA;

Important Note

Anytime you withdraw money, it is subject to a 20% IRS withholding tax.



Life Insurance Policy

This section will explain the portability of your County-Paid life insurance policy.

The County provides Life Insurance coverage to all benefit-eligible employees. Upon retirement, eligible employees will receive a certificate of insurance coverage for a \$50,000 whole-life policy.

Service Retirement:

Should you retire based on service, your county life insurance policy will convert to a \$50,000 whole-life 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.

Disability Retirement:

Should your retirement be based on a qualifying disability, 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 at least 8 years of service to Galveston County and who are 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



Post Office Box 84075 • Columbus, GA 31993
Phone: (800) 433-3036 • Fax: (866) 849-2974

SERVICE REQUEST FORM

| | | |
|---------------------------|----------------|--|
| Certificate Number | Insured | Certificateholder (if other than insured) |
| Address | | Phone Number |

1. Change of Beneficiary (Note: The witness must be someone other than the beneficiary.)

Please change the beneficiary under the above certificate as follows:

| | |
|-------------------------------|--------------------------------|
| Primary Beneficiary | Relationship to Insured |
| Address | |
| Contingent Beneficiary | Relationship to Insured |
| Address | |

2. Change of Name (Please attach official documentation of the name change.)

| | |
|--------------------------|-----------------|
| Former Name | New Name |
| Reason for Change | |

3. Change of Address

| | |
|-----------------------|---------------------|
| Former Address | |
| New Address | Phone Number |

4. Transfer of Ownership (This applies only to Whole Life and Universal Life.)

I request that all benefits, rights, and privileges incident to ownership of the plan vested in the new owner named below, or to such new owner's executors, administrators and assigns, or successors and assigns.

| | |
|------------------------------|--------------------------------|
| New Owner (Full Name) | Relationship to Insured |
| Address of New Owner | |

5. Discontinue Premium Deduction Only/Allow Plan to Continue (This applies only to Universal Life.)

I request that all payroll deductions or billings be discontinued at this time. I understand that I must notify Continental American Insurance Company (a wholly-owned subsidiary of Aflac Incorporated) to start payroll deductions or billings at a later date. I understand that my plan will continue to remain in force until all accumulated value capable of continuing the plan is depleted or until I request continuation of premium payments. I understand that once accumulated value capable of continuing the plan is depleted, the coverage will lapse.

6. Cancellation/Change of Coverage Please check one: Pre-tax After-tax
Requested Effective Date of Cancellation:

I have reviewed the benefits of the plan and have decided to cancel my coverage. I understand that by waiving my rights to continue my coverage, I may be required to show evidence of insurability to re-qualify for coverage.

| | | |
|---|--|---|
| Short-Term Disability | Critical Illness Employee Spouse* | Universal Life Employee Spouse* Child* |
| Long-Term Disability | Term Life <input type="checkbox"/> Employee <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* | Hospital Indemnity <input type="checkbox"/> Employee <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* |
| Whole Life <input type="checkbox"/> Employee <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* | Cancer <input type="checkbox"/> Employee <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* | Dental <input type="checkbox"/> Employee <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* |
| Accident <input type="checkbox"/> Employee <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* | Open Enrollment Cancellation | |

*If you have spouse or dependent coverage on the plan(s) you wish to cancel, please indicate whether you wish to cancel the entire plan **or** only coverage for your spouse and/or dependent child. If you would like to cancel your spouse and/or dependent coverage, please provide each name and date of birth below:

Name(s) and Date(s) of Birth:

For Employer Use Only

Cancellation authorized by: _____
 Date: _____
 (Plan administrator/employer) (must be on or after cancellation date)

7. Add Dependent Child (Please note this is for existing dependent coverage only). Please include any legal paperwork with your request.

Dependent Name(s): _____ Dependent Date of Birth(s): _____

8. Lost Certificate Notification

I, _____ hereby certify that Certificate No. _____, dated _____, and issued by Continental American Insurance Company, has been lost or destroyed and that said certificate is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request a replacement certificate and agree that should the original certificate be found or in any way come into my possession, I will return or cause the same to be returned to Continental American Insurance Company, its successors, or assigns. It is distinctly understood and agreed that the original certificate will become null and void immediately upon issuance of the certificate herein requested.

9. Loan/Withdrawal Request (Please allow at least 45 days for processing.)

I request a loan of \$_____ (or the maximum amount, if less than the amount I am requesting).

10. Surrender for Cash Value (Please allow at least 45 days for processing.)

I request payment of the cash value in exchange for surrender of the attached certificate. I _____ hereby certify that Certificate No.: _____ has been destroyed and that said certificate is not assigned, hypothecated, or pledged in any way whatsoever. I further certify that there are no outstanding bankruptcy proceeding against me and that no liens are pending against the certificate.

11. Request Cash Value Amount (Please allow at least 5 days for processing.)

I request to know the cash value for the following certificate number _____.

Please sign and date here for above requests:

| | |
|--|--|
| Date | Signature of Owner |
| Witness | |
| Signature of Signee (if applicable) | Signature of Irrevocable Beneficiary (if any) |



Medical Coverage

This section will provide an overview of your Medical Coverage after retirement.

The need for medical insurance is perhaps more important during retirement than it is during any period of your life. As a retiree from Galveston County, you will have the option to carry your medical coverage with you into retirement if you have eight years of service with The County of Galveston.

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.

To receive the lower health care premium after you retire, you must complete your Annual Health Assessment (AHA) before October 31st each year.

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 County's Medicare PPO Plan for 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 use to pay your monthly premiums. The Galveston County Treasurer's office will draft your health care payment between **the 1st and the 10th of each month.**

Medical Premium Rates - Monthly & Bi-Weekly *{Pre-tax deduction}*

Effective Dates of Coverage

Effective date: 1st of the month following 30 days *{January 1 for open enrollment changes}*

Termination date: Last day of the month following termination/separation of employment.

Annual Health Assessment (AHA) - New Enrollees

All newly enrolled employees will have until **October 31** of the plan year in which their plan becomes effective to have an Annual Health Assessment {AHA} performed. If the AHA is not performed prior to October 31, the medical plan premium will increase to the No-AHA rate at the start of the new plan year on January 1 of the following year.

Annual Health Assessment (AHA) - Current Enrollees

Current employees enrolled on any of the County's medical plans have between **January 1 - October 31** every year to complete an Annual Health Assessment in order to secure the lower premium rates and/or prove nicotine results.

Preferred Provider Organization (PPO) Network - Blue Choice (BlueCross BlueShield of Texas)

The PPO network is Blue Choice through BlueCross BlueShield of Texas.

You may conduct a provider search by visiting their website at <https://www.bcbstx.com/find-a-doctor-or-hospital>

Health Plan Administrator

For claim status, benefit verification or other customer service questions, you may contact BlueCross BlueShield of Texas at 800-521-2227 or via the internet at www.bcbstx.com.

Galveston County Group Numbers effective 01/01/2024:

Base & Buy-Up Plans: **375298**

High Deductible Health Plan {HDHP}: **375299**

| Non-Nicotine Rates | HDHP | | BASE PLAN | | BUY-UP PLAN | |
|-----------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| | <i>Monthly</i> | <i>Bi-Weekly</i> | <i>Monthly</i> | <i>Bi-Weekly</i> | <i>Monthly</i> | <i>Bi-Weekly</i> |
| Employee Only | \$0 | \$0 | \$112 | \$51.69 | \$298 | \$137.54 |
| Employee & Spouse | \$192 | \$88.62 | \$271 | \$125.08 | \$514 | \$237.23 |
| Employee & Child{ren) | \$132 | \$60.92 | \$220 | \$101.54 | \$479 | \$221.08 |
| Employee & Family | \$262 | \$120.92 | \$362 | \$167.08 | \$725 | \$334.62 |

| Nicotine Rates | HDHP | | BASE PLAN | | BUY-UP PLAN | |
|-----------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| | <i>Monthly</i> | <i>Bi-Weekly</i> | <i>Monthly</i> | <i>Bi-Weekly</i> | <i>Monthly</i> | <i>Bi-Weekly</i> |
| Employee Only | \$169.40 | \$78.18 | \$245.80 | \$113.45 | \$453.50 | \$209.31 |
| Employee & Spouse | \$314.40 | \$145.11 | \$404.80 | \$186.83 | \$669.50 | \$309.00 |
| Employee & Child{ren) | \$254.40 | \$117.42 | \$353.80 | \$163.29 | \$634.50 | \$292.85 |
| Employee & Family | \$384.40 | \$177.42 | \$495.80 | \$228.83 | \$880.50 | \$406.38 |

| No Annual Health Assessment (AHA) | HDHP | | BASE PLAN | | BUY-UP PLAN | |
|-----------------------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| | <i>Monthly</i> | <i>Bi-Weekly</i> | <i>Monthly</i> | <i>Bi-Weekly</i> | <i>Monthly</i> | <i>Bi-Weekly</i> |
| Employee Only | \$230.60 | \$106.43 | \$312.70 | \$144.32 | \$531.25 | \$245.19 |
| Employee & Spouse | \$375.60 | \$173.35 | \$471.70 | \$217.71 | \$747.25 | \$344.88 |
| Employee & Child{ren) | \$315.60 | \$145.66 | \$420.70 | \$194.17 | \$712.25 | \$328.73 |
| Employee & Family | \$445.60 | \$205.66 | \$562.70 | \$259.71 | \$958.25 | \$442.27 |

Dental Plans *{Pre-tax deduction on premiums}*

Guardian PPO - DentalGuard Preferred Network

Plan Number: 00577847 www.GuardianAnytime.com

You can visit any dentist; but you pay less out-of-pocket when you choose a PPO {DentalGuard Preferred Network} dentist.

| | Low Plan | High Plan |
|----------------------------------|--|--|
| Calendar Year Deductible | \$50 Individual; \$150 Family | \$50 Individual; \$150 Family |
| Deductible Waived for Preventive | Yes | Yes |
| Preventive Care | 100% | 100% |
| Basic Care | 80% | 80% |
| Major Care | 50% | 50% |
| Endodontics & Periodontics | 80% | 80% |
| Waiting Period | None | None |
| Orthodontia | Not Covered | Not Covered |
| Calendar Year Benefit Maximum | \$1,000* | \$2,000* |
| | *Maximum Rollover Benefit up to \$250 annually to a max of \$1,000 | *Maximum Rollover Benefit up to \$400 annually to a max of \$1,500 |

Guardian DHMO - Managed DentalGuard Network

Plan Number: 00577847 www.GuardianAnytime.com

You enjoy negotiated discounts from network {Managed DentalGuard Network} dentists.
You pay a fixed copay for each covered service. Out-of-Network visits are not covered.

| | Managed Dental Care |
|---|--|
| Calendar Year Deductible | No Deductible |
| Office Visit | \$5 Co-Pay |
| Periodic Oral Evaluation | \$0 |
| Sealant Per Tooth | \$6 |
| Crown {Porcelain Fused to High Noble Metal} | \$260 |
| Orthodontia Treatment {24 months} | Adult: \$2,195 Child: \$1,895 |
| All Covered Charges | You pay a copay for each covered procedure |

| Premiums | DHMO Plan | | PPO - Low Plan | | PPO - High Plan | |
|-----------------------|-----------|-----------|----------------|-----------|-----------------|-----------|
| | Monthly | Bi-Weekly | Monthly | Bi-Weekly | Monthly | Bi-Weekly |
| Employee Only | \$11.63 | \$5.37 | \$25.28 | \$11.66 | \$37.42 | \$17.27 |
| Employee & Spouse | \$23.25 | \$10.73 | \$50.58 | \$23.34 | \$74.84 | \$34.54 |
| Employee & Child{ren} | \$24.51 | \$11.31 | \$50.58 | \$23.34 | \$74.84 | \$34.54 |
| Employee & Family | \$36.46 | \$16.83 | \$76.87 | \$35.48 | \$114.29 | \$52.75 |



Vision Plan

{Pre-tax deduction on premiums}

Vision coverage is not only useful if you know you need glasses or contacts, but getting yearly eye exams can help determine the warnings signs for larger health risk such as diabetes and strokes.



| Premiums | Guardian | |
|-----------------------|----------|-----------|
| | Monthly | Bi-Weekly |
| Employee Only | \$8.92 | \$4.12 |
| Employee & Spouse | \$15.54 | \$7.17 |
| Employee & Child{ren} | \$15.87 | \$7.32 |
| Employee & Family | \$25.55 | \$11.79 |

Guardian

Plan Number: 00577847 Davis Vision Network

| | In-Network | Out-of-Network |
|--------------------------------------|--|----------------|
| Exams | Once Every 12 Months | |
| | \$10 copay | Up to \$50 ** |
| Lenses: Standard | Once Every 12 Months | |
| Single Vision | \$10 copay | Up to \$48 ** |
| Bifocal | \$10 copay | Up to \$67 ** |
| Trifocal | \$10 copay | Up to \$86 ** |
| Frame | Once Every 12 Months | |
| | \$150 allowance + 20% discount | Up to \$48 ** |
| Contacts (in lieu of glasses) | Once Every 12 Months | |
| Fitting and Evaluation | Covered in full; when contacts are purchased | N/A |
| Elective Contact Lenses | \$150 allowance + 15% off amount above allowance | Up to \$105 ** |
| Medically Necessary | Covered in full | Up to \$210 ** |
| Laser Vision Correction | 40-50% savings off of Lasik at a Davis Vision participating center | N/A |
| Notes: | ** Reimbursed Additional \$50 frame allowance at VisionWorks stores or at visionworks.com | |



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 Employee Assistance Program {EAP}

Dental Vision

I am aware that I must complete the Annual Health Assessment {AHA} each year to pay the lower premium. _____

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 1st and 10th.

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.

Your 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.

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 Voya 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 Voya 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.

Galveston County will make every effort to keep you informed of any changes that may impact your retirement benefits.

Retiree Responsibilities:

- Provide Human Resources with your correct contact information.
- All future communication from Galveston County will be electronic. If we do not have an email address on file, a certified letter will be mailed to your home address.
- Benefit Premiums are billed each month. Delinquent premiums will result in cancellation of coverage.
- Annual Health Assessment Deadline: October 31st.

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.
- All future communication from Galveston County will be electronic. If we do not have an email address on file, a certified letter will be mailed to your home address.

**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

- 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 in any given month, the retirement date will be adjusted accordingly.
- IRS taxes are the only deduction from the check.

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

Retirement Estimate

Apply for your TCDRS retirement online at www.TCDRS.org and click “Sign In” to access your account.

Voya Financial - 800-584-6001

- Retirement Options (Voluntary 457b and Social Security Replacement 401a)
- Loan repayments
- Certificate of coverage under County of Galveston
- Texas Life refund (if entitled)
- Premium payments for Cancer Plans and Life Insurance

VOYA Account Statement

Life Insurance Certificate (Requirements: minimum of 8 years of service to Galveston County & eligible for a

TCDRS Retirement

Full Time= \$50,000, Half Time = \$25,000)

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 (Copy of Medicare card if applicable)
- Employee Assistance Program Form
- Health Insurance Payment Authorization
- Leave Balances Form
- Life Insurance Certificate / Beneficiary Information

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
- Retirement notice given to supervisor
- Online Exit Interview Survey: We invite you to take the survey at:
<http://www.galvestoncountytexas.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:** _____