



## LOS ANGELES COMMUNITY COLLEGES

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST

ADMINISTRATIVE OFFICES

### **LACCD New Retiree Health Benefit Checklist**

*If you are retiring and you and your dependents are under age 65, you will have to submit 2 completed documents to the LACCD Health Benefits Call Center in order to transition to retiree health benefits.*

*If you are over 65 at the time of retirement, you will also have to submit proof of Medicare A and B for yourself and any dependent over age 65.*

#### **Document # 1: Application for Retiree Health Benefits**

- The application is included in the District's retirement packet and should be submitted as soon as possible, but no later than the end of the month in which you resign.
- If the application is received by the end of the month in which you resign you will be enrolled in retiree health benefits and will be granted a 90-day extension to submit the remaining required documentation. (Please note if you are enrolled in Safeguard Dental you will only have a 60-day extension to provide the other required documentation.)
- If you are granted a 90-day or 60-day extension and the remaining required documentation is not received within that extension you will be retroactively terminated to the date your active health benefits ended.
- If the application is not received by the end of the month in which you resign, you will not be enrolled in retiree health benefits until we receive all required documentation.

#### **Document #2: PERS or STRS Acceptance Letter**

- A letter from your retirement program (PERS or STRS) verifying your retirement date is required. STRS or PERS will send this letter to you after they have received and processed your retirement application. Your retirement date must be listed in the letter. PERS or STRS applications for retirement are not acceptable.
- The retirement date listed in the PERS or STRS acceptance letter must be exactly one day after your resignation date. (If your resignation date is December 8, 2008, your retirement date must be December 9, 2008). If your retirement date is not exactly one

day after your resignation date you will be required to correct either your resignation or retirement date and provide verification of the correction.

All required documentation described above should be sent to the LACCD Health Benefits Call Center at:

LACCD Health Benefits Call Center  
770 Wilshire Blvd.  
Los Angeles, CA 90017  
1-888-428-2980

If you have any questions or need an Application for Retiree Health Benefits, please call the LACCD Health Benefits Call Center at 1-888-428-2980. Benefit Specialists are available from 8:30 a.m. to 4:00 p.m., Monday through Friday, to assist you.

### **Verification of enrollment in Medicare Parts A and B (for retirees age 65 and older)**

- LACCD Board Rule 101701.17 states that all retirees, survivors and dependents age 65 or older must enroll in all parts of Medicare for which they are eligible. Failure to do so will result in termination of LACCD sponsored health benefits.
- If you are 65 or older at the time of your retirement you must provide verification of your enrollment in Medicare Parts A and B in order to be enrolled in an LACCD retiree medical plan. Your Medicare Part A and B effective dates must be no later than the first of the month following your resignation date. (Example: If your resignation date is December 8, 2008, your Medicare Part A and B effective dates must be no later than January 1, 2009.)
  - PERS Retirees – If you do not qualify for premium-free Part A you must provide a letter from Social Security stating you are not eligible and why. The monthly premium for Part B is your responsibility.
  - STRS Retirees – If you are informed by the Social Security office that you are not eligible for premium-free Part A, you must contact the CalSTRS Medicare Benefit Program at (800) 228-5453 or [www.calstrs.com](http://www.calstrs.com) so that CalSTRS will pay your Part A premium. The monthly premium for Part B is your responsibility.
- Acceptable verification of enrollment in Medicare Part A and B is either a photocopy of your Medicare card listing the Part A and B effective dates or a letter from Social Security verifying your Medicare Part A and B effective dates. The application for Medicare is not acceptable.
- You can apply for Medicare by calling (800) 772-1213. Representatives there can make an appointment for you at any convenient Social Security office. Remember to tell Social Security that you are entitled to a “special enrollment” because you have been working past age 65.
- The Social Security office should provide you with a form entitled “Request for Employment Information” to be completed by your employer. This Request for Employment Information form should be sent to:

LACCD Health Benefits Call Center  
770 Wilshire Blvd  
Los Angeles, CA 90017

The Request for Employment Information form will be completed and returned to you. You must then return this form to the Social Security office and complete your enrollment in Medicare Parts A and B.

**Verification of enrollment in Medicare Parts A and B for your spouse**

- If your spouse is 65 or older at the time of your retirement you must provide verification of your spouse's enrollment in Medicare Parts A and B. Your spouse's Medicare Part A and B effective dates must be no later than that first of the month following your resignation date. (If your resignation date is December 8, 2008, your spouse's Medicare Part A and B effective dates must be no later than January 1, 2009.)
- If your spouse does not qualify for premium-free Part A, you must provide a letter from the Social Security office stating your spouse is not eligible and why. The monthly premium for Part B is your spouse's responsibility.

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