PINELLAS COUNTY SCHOOLS
2026 RETIREE INSURANCE BENEFITS ELECTION & CHANGE FORM

INSURANCE EFFECTIVE DATE: _____ RETIREMENT DATE: _____

NAME: _____

DATE OF BIRTH _____/_____/_____ LAST FOUR OF S.S # _____ SEX: ____ M ____ F

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE # (_____) _____

When changing coverages, notify PCS Risk Management of the cancellation or change within 30 days prior to the effective date of the change. If PCS Risk Management does not receive a completed Retiree Insurance Benefits Election & Change Form 30 days prior to the effective date, the premium will be deducted from your FRS pension check.

Signature _____ **Date** _____

To make a Status Change only, mark the selection for coverage you would like to change. If you leave a section blank, your current election coverage will remain unchanged. The premium amounts are monthly rates.

Medicare Effective Date

_____

◆ MEDICAL COVERAGE

You must select or decline insurance. If insurance is selected, the level of coverage must be indicated.

◯ **SELECT COVERAGE** ◯ **DECLINE COVERAGE**

COVERAGE LEVELS	SELECT CHOICE	CDHP + HRA	BASIC ESSENTIAL
Single (Retiree)	◯ $925.87	◯ $885.87	◯ $820.87
Retiree + Child(ren)	◯ $1,629.50	◯ $1,551.16	◯ $1,444.50
Retiree + Spouse	◯ $1,835.51	◯ $1,752.18	◯ $1,623.84
Retiree + Family	◯ $2,642.45	◯ $2,527.45	◯ $2,337.45

◆ VISION COVERAGE

You must select or decline insurance. If insurance is selected, the level of coverage must be indicated.

◯ **SELECT COVERAGE** ◯ **DECLINE COVERAGE**

Coverage Levels	Eye Med Vision
Single (Retiree)	◯ $3.65
Retiree + One	◯ $8.37
Retiree + Family	◯ $13.51

(SEE NEXT PAGE)

◆ LIFE INSURANCES

You must select or decline insurance. If you elect to continue coverage, indicate the amount you wish to continue in the space provided below on this Election & Change Form.

- You may continue the amount of Board Life Insurance in effect at the time of your retirement. Coverage can be reduced but cannot be increased. You must elect a minimum of $10,000 to continue coverage.
- Basic Term Life is a reducing term life insurance policy. Benefit reduction occurs on January 1st at ages 70, 75, and 80. Below is an example of how a $100,000 life insurance policy is affected.

◯ **SELECT COVERAGE** ◯ **DECLINE COVERAGE**

This is only an example of a retiree's coverage

AGE	% OF POLICY VALUE	DEATH BENEFIT
69 or younger	100%	$100,000
70 – 74	65%	$65,000
75 – 79	45%	$45,000
80 or older	30%	$30,000

Basic Term Life

MAXIMUM AMOUNT AVAILABLE:

$ _____

Indicate the Policy value you wish to continue:

$ _____

RATES BELOW ARE PER $1,000 OF COVERAGE, BASED ON YOUR AGE ON JANUARY 1ST

Less than age 39	$0.11
Age 40 to Age 44	$0.14
Age 45 to Age 49	$0.21
Age 50 to Age 54	$0.35
Age 55 to Age 59	$0.51
Age 60 to Age 64	$0.98
Age 65 to Age 69	$1.55
70 and Older	$2.27

BENEFICIARY INFORMATION
Basic Term Life Beneficiary(ies) - Required Information

Your **primary beneficiary** is first in line to receive your death benefit. If the **primary beneficiary** dies before you, a **secondary** or **contingent beneficiary** is the next in line. Percentages must equal 100%.

PRIMARY

BENEFICIARY NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER	BIRTHDATE	*%

*** Total Must Equal 100%**

SECONDARY

BENEFICIARY NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER	BIRTHDATE	*%

*** Total Must Equal 100%**

◆ FAMILY TERM LIFE COVERAGE

Coverage must be in effect at the time of retirement to keep coverage active. This is a $5,000 policy for all eligible dependents. **Retirees with spouses employed by Pinellas County Schools are not eligible to enroll in this policy.** You must elect a minimum of $10,000 Basic Term Life Insurance coverage to continue Family Term Life Insurance.

◯ **SELECT COVERAGE** ◯ **DECLINE COVERAGE**

FAMILY LIFE $5,000.00	◯	$1.50

(SEE NEXT PAGE)

◆ DENTAL COVERAGE

- **Your dental coverage cannot be deducted from your retirement pension check. The carrier will bill you directly.**
- **Risk Management will notify the dental carrier if you are continuing coverage as a retiree.**

You must select or decline insurance. If insurance is selected, the level of coverage must be indicated.

◯ **SELECT COVERAGE** ◯ **DECLINE COVERAGE**

COVERAGE LEVELS	HUMANA ADVANTAGE DENTAL	METLIFE DENTAL (MEDCOM)
Single (Retiree)	◯ $23.22	◯ $34.89
Retiree + One	◯ $39.27	◯ $60.60
Retiree + Family	◯ $57.12	◯ $87.49

- If you have questions regarding dental bills and payments, contact the dental carrier.
  - **Humana Advantage Dental: 1-800-979-4760**
  - **MetLife Dental: 1-800-942-0854 Option 3 - Contact MedCom for MetLife Dental billing questions at 1-800-523-7542**
- MetLife dental participants will receive a bill from (MEDCOM) for MetLife dental.
- Humana dental participants will receive a bill from Humana.

LIST SPOUSE AND DEPENDENTS TO BE COVERED

(CHECK IF APPLICABLE)

H	V	D	ELIGIBLE DEPENDENT NAME(S)	DATE OF BIRTH MO / DAY / YEAR	SEX	RELATIONSHIP	SSN

(SEE NEXT PAGE)

PAYMENT AUTHORIZATION AGREEMENT

I certify I meet eligibility requirements and authorize Pinellas County Schools to enroll me and my listed dependents in the Benefit Plans I selected above.

I authorize The Division of Retirement and PCS to deduct my insurance premiums from my monthly benefits check and make any subsequent premium changes as directed by PCS or the insurance provider.

I am aware that it is my responsibility to read and understand the contents of the Retiree Insurance Benefits Handbook available at www.pcsb.org/benefits, *click on the Retirement button* and *click on "Thinking About Retirement."*

If electing health, life and/or vision coverage(s), complete the Florida Retirement Systems Insurance Payroll Authorization form, sign and date the bottom of the form to have your premium(s) deducted from your FRS pension check. Investment Plan retirees will be billed directly.

Signature _____ **Date** _____

Risk Management Retirement Team

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