



## Elected Official Ending Term of Service

### Benefits upon Leaving Office

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It is important that you read the following information carefully so that you are aware of the options available to you when you separate from employment with the City of Eugene. After making decisions regarding your health insurance benefits and PERS/OPSRP, please complete and sign the attached Notice of Intent and the Notice of Qualifying Event forms and return them to your Office Manager or to the Employee Resource Center at 940 Willamette Street, Suite 200 Eugene OR 97401. Please call the Benefits staff at 541-682-5061 if you have questions.

#### **Health Insurance**

If you elected health insurance through the City of Eugene, your coverage as an active Elected Official will cease at the end of the month in which you end your term of service. You have the option to seek health coverage from a private carrier or to continue your coverage as a COBRA Continuee through the City of Eugene.

**City of Eugene COBRA Continuation:** You may continue your health insurance coverage through the City of Eugene for a limited time, generally for 18 months, provided you pay the monthly premiums and you are not covered under another group health plan or entitled to Medicare, unless you have been terminated for gross misconduct. However, in some cases you or your family members may be eligible for COBRA coverage if you or your family members are already entitled to Medicare. Under federal law, employees who are terminated from employment for gross misconduct, and their spouse/domestic partner and dependents, are not entitled to COBRA continuation coverage under the plan. **You have 60 days after your termination date** to make a decision concerning the COBRA continuation of your insurance coverage.

**Coverage:** Medical/dental/vision coverage is available. You may purchase medical-only or the entire medical/dental/vision package. Dental/vision coverage alone is not an option. If you continue the medical-only coverage, you will be able to add dental/vision back to your plan at the next open enrollment period.

**Coverage May Change Annually:** You may elect to continue only the medical plan you were on at the time of termination; however, you are eligible to participate in the City's annual open enrollment period, held each May or June. During the open enrollment period you may change medical plans if you choose. Regardless of your medical plan, the dental and vision coverage is provided through the City Health Plan.

**Premium Collection Administration:** The City of Eugene has contracted with PacificSource Administrators to administer the health insurance eligibility and premium collection for COBRA Continuees. You will receive information concerning premium payment methods and other services provided by PacificSource Administrators during the month following separation of employment. Their contact information is:

PacificSource Administrators  
P.O. Box 2440  
Omaha, NE 68103-2440

Telephone: 1-855-289-6313  
Email: [cobra@pacificsource.com](mailto:cobra@pacificsource.com)

This administration of premium collection will not change your health insurance coverage, the plan you are currently enrolled in, or where you send health or dental claims for payment.

**Election Deadline:** Continuing your health coverage is contingent upon you electing the coverage and paying the required self-pay premiums in a timely manner. The election to secure COBRA coverage **must be made no later than 60 days after** your termination date. Please note that health insurance claims will be pended from the date your coverage as an active City of Eugene employee ends until your election form has been processed *and your premium payment received* by PacificSource Administrators (PSA). Including a check for your first month's premium at the same time you elect coverage will speed enrollment in the system. Once payment is received, coverage will be retroactive to the first day of COBRA eligibility, and any denied or pended claims can be resubmitted for payment. Contact PSA for questions about your election form or payment information.

**Premiums:** You pay the cost of this coverage. Premium rates may change annually. See the Health Insurance Premium Rates attachment for monthly premiums for the various City of Eugene pay units.

**Monthly Payments:** *Payment for coverage for any month is due on the first day of the month, and, in all events, must be made within 30 days of the due date.* The only exception is the premium payment for former employee coverage during the period preceding the election of such coverage, which must be made within 45 days of the date of election. **In all regards, former employee coverage will terminate as of the last day of the prior month for which the monthly self-pay premium was not timely made.**

### **PERS and OPSRP Retirement Programs**

If you leave PERS or OPSRP-covered employment without withdrawing your account, you become an inactive PERS or OPSRP member. To keep in contact with PERS or to receive an Annual Statement, notify PERS of any changes in your name or mailing address in a signed statement.

If you are considering withdrawing money from your account, you should be aware that withdrawn funds may be subject to federal income taxes. PERS must withhold 20 percent federal tax on a portion of your withdrawal that is distributed to you unless you elect a direct-transfer rollover. You may want to consult a tax advisor, especially if you elect a direct-transfer rollover into an Individual Retirement Account (IRA) or another tax-qualified plan. If you are vested and thinking of withdrawing your account balance(s), PERS recommends you first consult with the IRS or your personal tax advisor, and request an estimate of future benefits from PERS.

Summary information on the programs is listed below. Contact PERS for specific and detailed provisions under each program. Information is also available on the PERS website. To contact the PERS, call toll-free at 888-320-7377 or visit the PERS website: <http://www.oregon.gov/PERS>

#### ***Public Employees Retirement System (PERS) Tier 1 and Tier 2 Members***

***If you are vested in the PERS pension program:*** If you are a vested PERS Tier One or Tier Two employee and terminate all PERS covered employment, you may leave your PERS employee and IAP accounts in the PERS system and collect a pension when you are eligible for retirement.

You may also withdraw your PERS and IAP member account balances, provided you are not eligible for retirement benefits. If you withdraw one account, you must withdraw all accounts. The amount of your refund will be the total of your member accounts. Your employer's contributions are not part of your member account balance and are not refundable.

If you are vested in your PERS employer account and you take a distribution of your employee, IAP or rollover account, the employer pension account is permanently forfeited as of the date of that distribution. Withdrawing funds cancels all membership rights in PERS.

***If you are not vested in the PERS pension program:*** If you leave covered employment without being vested and do not return to covered employment within five years, you lose PERS membership. Your PERS member account may remain in the PERS Trust Fund and continue to accrue earnings and losses for five years if you do not withdraw your account. After five years, your PERS member account earnings will stop. Your IAP account may be left in the PERS Trust Fund until age 70½, and will continue to accrue earnings or losses, provided you do not withdraw your account. After five years, you should determine whether you want to withdraw your PERS and IAP accounts. If you withdraw one account, you must withdraw all accounts.

***Oregon Public Service Retirement Plan (OPSRP) Members***

***If you are vested in the OPSRP pension program:*** If you leave OPSRP covered employment and are vested in the employer pension account, you may leave your account in the PERS/OPSRP Trust fund and collect a retirement benefit when you are eligible for retirement.

You may elect to withdraw your Individual Account Program (IAP) employee, rollover, and employer accounts to the extent you are vested in those accounts. You may also withdraw from your OPSRP pension program if your actuarially determined pension benefit is less than \$5,000. If you withdraw from the pension program, you must also withdraw from the IAP program.

***If you are not vested in the OPSRP pension program:*** If you leave covered employment without being vested in the OPSRP employee pension program, your employee Individual Account Program (IAP) may remain in the PERS Trust Fund and continue to accrue earnings or losses until you reach age 70½, provided you do not withdraw your account.

You may also elect to withdraw your IAP account. If you are not vested and you withdraw your account, the employer pension program is permanently forfeited as of the date of the withdrawal.

If you are not vested and you do not perform at least 600 hours of service in each of five consecutive calendar years, you forfeit all previous retirement credit, even if you have left your IAP account in the PERS Trust Fund. Forfeiture takes place at the end of the fifth year. If you withdraw your account or forfeit your membership and are subsequently reemployed in a qualifying position, any retirement credit accrued prior to the withdrawal or forfeiture is lost.

**City of Eugene**  
**Health Insurance Continuation Premium Rates**

Effective July 1, 2021

Continuee/Retiree Monthly Insurance Premium Rates  
(Rates Include a 2% Administration Fee)

**Mayor/City Councilor**

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$873.14	\$949.94
Two-Party	\$1,667.40	\$1,800.14
Family	\$2,312.94	\$2,507.91
<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$699.27	\$776.07
Two-Party	\$1,441.37	\$1,574.11
Family	\$2,100.32	\$2,295.29
<u>City Hybrid Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$587.72	\$664.52
Two-Party	\$1,211.42	\$1,344.16
Family	\$1,765.25	\$1,960.22

# NOTICE OF QUALIFYING EVENT

## TERMINATION OF EMPLOYMENT

### City of Eugene - Health Insurance Continuation Information

Terminating Elected Officials and their dependents who were previously covered under the City's health plans are eligible for continuation of health insurance benefits under Federal or state law. **It is important that you complete the following information whether you intend to continue your health insurance coverage.** Return this form to the Employee Resource Center Employee Benefits Program at 940 Willamette St., Suite 200 Eugene OR 97401 or fax to 541-650-3031.

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

List dependents currently covered on your health insurance (or N/A if not applicable):

<u>Name</u>	<u>Relationship to Employee</u>
_____	_____
_____	_____
_____	_____

Address of Dependents (if different than above) \_\_\_\_\_

**Please check which health insurance plan you currently have:**

City **Health Plan**

City **Managed Care Plan**

City **Hybrid Health Plan**

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**For Employee Resource Center Use Only:** COBRA  RETIREE

Qualifying Event:  Termination of Employment  Retirement  Other \_\_\_\_\_

Qualifying Event Date: \_\_\_\_\_ Coverage End Date: \_\_\_\_\_

\_\_\_\_\_  
ERC Staff

\_\_\_\_\_  
Date

QE \_\_\_\_\_  TPA1 \_\_\_\_\_  TPA2 \_\_\_\_\_