



## Terminating Employee Information: Benefits on Separation of Employment

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**Note:** If you are retiring under PERS/OPSRP, please refer to the “Memo to Retiring Employees” on the Employee Benefits website at: [www.eugene-or.gov/employeebenefits](http://www.eugene-or.gov/employeebenefits).

It is important that you read the following information very carefully so that you are aware of the benefit options available to you when you separate from employment with the City of Eugene.

### **Notice of Intent for Benefits Form**

**Please complete each section of the attached Notice of Intent for Benefits form and return it to the Employee Resource Center Benefits Program before your last work day.** Forms can be sent to 940 Willamette St., Suite 200, Eugene OR 97401 or securely faxed to 541-650-3031. They will be processed with the termination paperwork initiated by your department. Please call the Benefits Program staff at 541-682-5062 (AFSCME, IATSE, and Non-Represented) or 541-682-5780 (Public Safety) if you have benefits-related questions. Additional information on your benefits is available 24 hours a day on the Employee Benefits website at [www.eugene-or.gov/employeebenefits](http://www.eugene-or.gov/employeebenefits).

### **Health Insurance**

Your City-paid health insurance will cease at the end of the month in which you terminate employment. You have the option to seek health coverage from a private carrier, the Affordable Care Act's Health Insurance Marketplace, or through COBRA Continuation through the City of Eugene.

**Health Insurance Marketplace:** The Affordable Care Act's Health Insurance Marketplace allows individuals to compare *private* health insurance options. Middle and low-income families may qualify for subsidies and the coverage may cost less than continuation through the City's plans. Information is available at [www.HealthCare.gov](http://www.HealthCare.gov) or 800-318-2596.

**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 under the City's Plans:** 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 cannot add dental/vision back to your plan until 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.

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

This administration of premium collection by PacificSource Administrators 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.**

### **Flexible Spending Accounts**

Your participation in a Dependent Care FSA or in a Transportation Reimbursement Account (TRA) will normally end when your employment ends with the City of Eugene. Eligible Dependent Care expenses incurred after termination can be reimbursed through the end of the plan year's grace period.

Your participation in a medical Healthcare FSA will continue after you leave employment. The balance of your annual Healthcare election will be deducted from your final paycheck, and you will be able to continue to participate through the end of the Plan Year. You may pre-pay your FSA or arrange for payments on an after-tax basis if your final check will not cover the election balance.

### **Life Insurance**

**City-paid:** Your City-paid life insurance policy is provided through Standard Insurance Company and ceases at the end of the month in which you terminate. You may convert to an individual life insurance policy within 30 calendar days of your employment termination. To receive information from Standard Insurance Company, check the appropriate box on the attached Notice of Intent.

**Supplemental:** If you have Portable Term Supplemental Life Insurance, you may continue your coverage by paying the premiums directly to ReliaStar. For information on continuing your coverage, check the appropriate box on the attached Notice of Intent.

### **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, and 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 other 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 PERS, call toll-free at 888-320-7377 or visit the PERS website: <http://www.oregon.gov/PERS>.

### **Long-Term Disability**

Your coverage ceases on your last working day. There is no continuation coverage.

## *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.

## **Deferred Compensation**

You can leave your deferred compensation account with the City's plan when you leave employment to continue to take advantage of the City's low fund fees and plan options. Upon termination with the City of Eugene, you may also be eligible to defer accumulated leave payoffs to your deferred comp account. Per IRS regulations, the election form deferring final payoffs must be received by Payroll no later than the end of the month **prior** to your last day worked. Contact the City's deferred compensation carrier for information on deferred comp account distribution and rollover options. You can contact the local carrier at:

Voya Financial - 541-343-6759  
975 Oak St. Suite 410  
Eugene, OR 97401

## **Employee Assistance Program**

You can continue to access your Employee Assistance Program for up to 18 months through COBRA by self-paying the premium, which is currently \$3.31 per month.

# City of Eugene

## Health Insurance Continuation Premium Rates

Effective July 1, 2020

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

### Non-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$860.23	\$935.90
Two-Party	\$1,642.76	\$1,773.54
Family	\$2,278.76	\$2,470.85

City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$688.93	\$764.60
Two-Party	\$1,420.07	\$1,550.85
Family	\$2,069.28	\$2,261.37

City Hybrid Plan	Medical-Only	Med/Dent/Vis
Individual	\$579.03	\$654.70
Two-Party	\$1,193.52	\$1,324.30
Family	\$1,739.16	\$1,931.25

### IATSE-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$855.58	\$920.80
Two-Party	\$1,633.98	\$1,748.28
Family	\$2,266.54	\$2,436.82

City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$666.79	\$732.01
Two-Party	\$1,374.44	\$1,488.74
Family	\$2,002.80	\$2,173.08

City Hybrid Plan	Medical-Only	Med/Dent/Vis
Individual	\$577.83	\$643.05
Two-Party	\$1,191.12	\$1,305.42
Family	\$1,735.63	\$1,905.91

### EPEA-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$859.28	\$930.53
Two-Party	\$1,641.11	\$1,765.80
Family	\$2,276.37	\$2,461.73

City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$689.76	\$761.01
Two-Party	\$1,421.61	\$1,546.30
Family	\$2,071.46	\$2,256.82

### IAFF-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$862.43	\$930.45
Two-Party	\$1,648.70	\$1,767.81
Family	\$2,286.86	\$2,463.57

City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$713.56	\$781.58
Two-Party	\$1,466.70	\$1,585.81
Family	\$2,137.66	\$2,314.37

### AFSCME-Represented

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$869.70	\$944.93
Two-Party	\$1,660.88	\$1,790.89
Family	\$2,303.86	\$2,496.06

City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$691.28	\$766.51
Two-Party	\$1,421.08	\$1,551.09
Family	\$2,071.16	\$2,263.36

City Hybrid Plan	Medical-Only	Med/Dent/Vis
Individual	\$579.03	\$654.26
Two-Party	\$1,193.52	\$1,323.53
Family	\$1,739.16	\$1,931.36

### IAFF-Represented Battalion Chiefs

City Health Plan	Medical-Only	Med/Dent/Vis
Individual	\$849.79	\$924.40
Two-Party	\$1,622.81	\$1,751.94
Family	\$2,251.09	\$2,441.19

City Managed Care Plan	Medical-Only	Med/Dent/Vis
Individual	\$679.81	\$754.42
Two-Party	\$1,401.28	\$1,530.41
Family	\$2,041.90	\$2,232.00

# NOTICE OF INTENT FOR BENEFITS

Terminating or Retiring Regular Employees

Employee # \_\_\_\_\_ Employee Name \_\_\_\_\_

My last day of work with the City of Eugene will be \_\_\_\_\_.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Email (optional) \_\_\_\_\_  Send COBRA/Retiree packet via e-mail

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Check the appropriate line under each numbered heading and return this form to the Employee Resource Center at 940 Willamette St, Suite 200, Eugene, Oregon 97401 or by secure fax to 541-650-3031.

1. **PERS/OPSRP:**

- \_\_\_ I will retire under PERS/OPSRP immediately upon leaving employment with the City of Eugene. I understand I need to contact PERS to apply for my retirement benefits. PERS Tigard headquarters: 888-320-7377.
- \_\_\_ I will NOT retire under PERS/OPSRP immediately upon leaving employment with the City of Eugene.

2. **DEFERRED COMPENSATION:**

- \_\_\_ I have a deferred compensation account and understand that I can keep my account in the City's plan when I leave employment. I realize I should contact my deferred comp carrier for information on deferring final payouts, disbursement options, or financial planning advice.
- \_\_\_ Not applicable since I do not have a deferred compensation account.

3. **LIFE INSURANCE:**

- \_\_\_ I want information from Standard Insurance Company on converting my City-paid group life insurance policy to an individual policy.
- \_\_\_ I do not want to convert my group life insurance coverage to an individual policy.

4. **PORTABLE TERM SUPPLEMENTAL LIFE INSURANCE:**

- \_\_\_ I want information on continuing my Portable Life coverage through VOYA/ReliaStar by paying the premiums directly to the carrier.
- \_\_\_ I do not want to continue my Portable Life coverage.
- \_\_\_ Not applicable since I do not have Portable Life coverage.

5. **FLEXIBLE SPENDING MEDICAL ACCOUNT:**

- \_\_\_ I have a medical FSA and understand that I will continue to participate in the FSA program for the remainder of the calendar year by having the balance of my election deducted from my final check.
- \_\_\_ Not applicable since I do not have a medical FSA.

6. **EMPLOYEE ASSISTANCE PROGRAM (EAP):**

- \_\_\_ I want information on continuing access to my EAP by paying the monthly premiums to the City of Eugene.
- \_\_\_ I do not want to continue access to my EAP.