# **Employee Exit Guide**



This guide provides information, forms, lists of things to do, and resources to use when you leave King County employment. Phone numbers are provided for most resources; where no TTY number is listed, please call 711 to access the TTY relay service.

For additional information, attend the County's Exit Class and refer to the benefits summary that applies to you on the following Benefits, Payroll and Retirement Web page: www.kingcounty.gov/employees/benefits/YourKingCountyBenefits.

Exit classes are held 1-3 p.m. on the last Tuesday of every month, except December, in Conference Room 121 on the first floor of The Chinook Building, 401 Fifth Ave. (Fifth Avenue and Jefferson Street), Seattle. To enroll, e-mail kc.orientations@kingcounty.gov.

If you still have questions, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or *kc.benefits@kingcounty.gov*.

We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn't create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

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# Section 1: Letting key staff know you're leaving

When you leave employment, you must notify your supervisor, your Payroll/Human Resources representative, and Benefits, Payroll and Retirement Operations. If your Human Resources unit doesn't have its own notice, use the Leaving County Employment form at the end of this guide.

The Leaving County Employment form gives your Payroll/Human Resources representative information to:

- Process your final paycheck and W-2 form
- Enter your status change in the payroll system (Benefits, Payroll and Retirement Operations uses information from the payroll system to report your status change to the Washington State Department of Retirement Systems (DRS) and T. Rowe Price, the County's Deferred Compensation Plan administrator)
- Submit a retirement service award request form (if you're retiring, you receive a commemorative plaque and personal letter from the King County Executive).

If you're retiring, contact your Human Resources or Payroll representative well in advance of retirement to make sure you are following your department's procedures for submitting any DRS information, such as your letter from DRS confirming your retirement benefit, along with your Leaving County Employment form (see Section 11: State Retirement System for more information on retirement).

If you're retiring and you're a member of a group that elected to participate in the County's Health Reimbursement Arrangement through a Voluntary Employee Benefits Association (HRA VEBA), your Leaving County Employment form is used to begin the process of establishing your HRA VEBA account. To open your account, you must submit the HRA VEBA enrollment form to Benefits, Payroll and Retirement Operations as soon as possible, but no later than 12 months after your retirement date. If you fail to submit the enrollment form within 12-months, you forfeit all of your leave cash-out. (See Section 11 for more information.)

After Benefits, Payroll and Retirement Operations reports your status change to DRS and T. Rowe Price, you can contact them directly about your retirement contributions.

It can take several months after giving notice to make final arrangements for health coverage, your retirement pension, and Deferred Compensation funds. To speed the process along, check with your Payroll representative to make sure your status change is entered in the Payroll system as quickly as possible.

| <b>&gt;</b> | Tasks [ | Submit a Leaving County Employment form to your supervisor at least two weeks before leaving. If your Human Resources unit doesn't have its own form for this purpose, use the Leaving County Employment form at the end of this guide. Provide copies of the notice to your supervisor, your Payroll/Human Resources representative, and to Benefits, Payroll and Retirement Operations. |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |         | Check with your Payroll/Human Resources representative after giving notice to make sure your status change has been entered in the payroll system and, if you're retiring, a retirement service award request form has been submitted.                                                                                                                                                    |
|             |         | If you're a represented employee, check with your union to see if there are any union-related tasks to complete.                                                                                                                                                                                                                                                                          |

|                                     | If you're retiring and you're a member of a group that elected to participate in the HRA VEBA, submit a completed HRA VEBA enrollment form. Check with your Payroll/Human Resources representative to determine your eligibility. Failure to submit the HRA VEBA enrollment form within 12 months of your separation date will result in forfeiture of your leave cash-out.                                          |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section 2:                          | Bus pass/ID/keycard and other property                                                                                                                                                                                                                                                                                                                                                                               |
| supervisor by you                   | oyee bus pass/ID/keycard and other County property in person or by certified mail to your r last day of employment. If you retire from the Department of Transportation's Transit be eligible for a retiree bus pass, depending on your union agreement.                                                                                                                                                             |
| ► Tasks □                           | Return your employee bus pass/ID/keycard and other County property (keys, cell phones, special equipment, etc.) to your supervisor by your last day of employment.                                                                                                                                                                                                                                                   |
|                                     | If you're a retiring transit employee and are eligible, apply for a retiree bus pass using using your last DRS statement and the DRS letter confirming receipt of your application to retire (see page 17). For more information, contact Transit Human Resources in King Street Center at 206-477-6000.                                                                                                             |
| Section 3:                          | Final paycheck and W-2 form                                                                                                                                                                                                                                                                                                                                                                                          |
| employment falls                    | ck is issued two to four weeks after you leave work, depending on when your last paid day of in the payroll cycle. Use the Leaving County Employment form to specify how you want your d W-2 form processed. Your W-2 form is mailed at the end of January the year after you leave.                                                                                                                                 |
| for unuse<br>35-hour v<br>withholdi | we been employed by the County for at least six months, you will receive a separate paycheck d vacation leave (up to 480 hours if you work a 40-hour week, or, up to 420 hours if you work a week), minus Federal tax withholding at a supplemental tax rate. To avoid the supplemental tax ng, you may defer your unused vacation leave into the King County Employees Deferred ation Plan.                         |
| •                                   | we employment but don't retire, you lose sick-leave accruals. Sick-leave accruals are restored if career service employee, were in good standing when you left, and return within two years.                                                                                                                                                                                                                         |
| though ra<br>the unuse<br>VEBA, you | re, your final paycheck includes pay for unused sick leave (in general, \$0.35 on the dollar, ites may vary under different union agreements), unless, according to your union agreement, ed leave must be transferred to an HRA VEBA Trust. If your sick leave is not subject to an HRA u may defer your unused sick leave into the King County Employees Deferred Compensation avoid supplemental tax withholding. |
| ► Tasks □                           | If you have payroll deductions for savings or loans taken from your paycheck, contact the                                                                                                                                                                                                                                                                                                                            |

recipients to make other payment provisions 30 days before leaving.

Harborstone Credit Union www.harborstone.com 1-800-523-3641
 Qualstar Credit Union www.qualstarcu.com 1-800-848-0018
 If you're a retiring transit employee, to cash out your leave you need to give your supervisor copies of your last DRS statement and the DRS letter confirming receipt of your application to retire (see page 17). For more information, contact Transit Human Resources in King Street Center at 206-477-6000.
 Your Leaving County Employment form lets you specify how you want your final paycheck and W-2 form processed and where your COBRA/retiree medical benefits information should be sent. If you move after submitting the Leaving County Employment form, be sure to provide your Payroll/Human Resources representative an updated mailing address.

# **Section 4: COBRA**

#### **▶** Eligibility

If you have County health coverage on your last day of employment, it continues through the last day of the month in which you leave. When County-paid coverage ends, you and your covered dependents can pay to continue coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act) as long as your employment ends for reasons other than gross misconduct. If you leave employment due to retirement, you can choose to continue coverage under the Retiree Medical Plan as an alternative to COBRA (see "Section 5: Retiree Medical Benefits").

In general, you may continue health coverage under COBRA for up to 18 months. However, if you leave employment because of a disability, as determined by the Social Security Administration, you may be eligible to continue coverage for up to 29 months.

Benefits, Payroll and Retirement Operations provides information from your Leaving County Employment form to WageWorks, the County's COBRA administrator. WageWorks contacts you regarding your COBRA options. You have 60 days after your County coverage ends or 60 days from the date of WageWorks' letter notifying you of your options—whichever is later—to make your COBRA elections. If you elect COBRA continuation coverage, you must make the initial payment within 45 days of electing it.

There is no lapse in coverage – self-paid benefits begin when County-paid benefits end, even if retroactive processing and payments are required. To expedite your eligibility for coverage, you can enclose your initial payment with your enrollment form.

#### ► Plan options

Your enrollment options are explained in the COBRA enrollment packet you receive from WageWorks. You can opt to continue your enrollment in any health plan (medical, dental and/or vision) and the Health Care Flexible Spending Account (FSA) you were enrolled in on your last day of employment. For example, if you were only enrolled in dental and vision coverage on your last day, you may not choose to continue medical.

If you choose to participate in COBRA, you are not required to continue all the health plans you had on your last day of employment. For example, you may have had medical, dental, and vision coverage as a benefit-eligible employee, but you can elect to continue medical only, dental only, vision only, or any combination of these plans when you enroll in COBRA. When you elect medical coverage, you continue at the out-of-pocket expense level (Gold, Silver, or Bronze) you had on your last day of employment.

If you choose to continue your participation in a Health Care FSA, you must do so with after-tax dollars. However, you may continue Health Care FSA participation under COBRA without electing medical, dental, and/or vision coverage under COBRA. The advantage of continuing participation under COBRA with after-tax dollars is to avoid forfeiting unused pre-tax contributions. The disadvantage is that you don't benefit from the tax-savings advantage of the plan. You may only extend your participation in a Health Care FSA until the end of the plan year; you are not allowed to re-enroll or carry unused funds into the following year.

After you're enrolled in COBRA, you may discontinue your coverage at any time. You may only change plans and your out-of-pocket expense level during an Open Enrollment period, after a qualifying life event, or if you relocate out of your current plan's coverage area and coverage is available in your new location under a different King County plan.

If you elect COBRA between an Open Enrollment period and the following January, WageWorks provides you with Open Enrollment information and the opportunity to change medical plans, effective January 1. As long as you remain on COBRA, you receive Open Enrollment materials and have the opportunity to change medical plans each year.

#### ▶ Dependent coverage options

You may continue covering the same eligible dependents covered on the last day of your employment, or you may discontinue coverage for them anytime. You may add new eligible dependents for coverage if you contact WageWorks within 30 days of one of the following qualifying events:

- Marriage or establishment of a domestic partnership
- Significant change in your spouse/domestic partner's coverage through his/her employment
- Birth or placement for adoption of a child (you have up to 60 days to contact WageWorks when adding a newborn)
- Placement of a legal ward (foster child, child placed with you as a legal guardian, or child named in a Qualified Medical Child Support Order as defined under Federal law and authorized by the plan)

Eligible dependents covered on your last day of employment have their own COBRA rights if they lose coverage through you. However, eligible dependents added after you elect COBRA coverage don't have separate COBRA rights, unless they are newborns or newly-adopted children.

#### ► When coverage ends

COBRA coverage ends on the last day of the month when you or your eligible dependent:

- o Fail to make the required payments within 30 days of the due date
- Become covered under another group medical plan after electing COBRA (unless the plan limits or excludes coverage for a preexisting condition of the individual continuing coverage)
- o Become entitled to Medicare benefits after electing COBRA
- o Reach the end of your maximum COBRA coverage period, or

o Is no longer disabled, as determined by the Social Security Administration, and have exhausted the designated months of COBRA coverage

COBRA coverage ends on the day:

- o The plan terminates, or
- You or your eligible dependent dies. If you die, your covered dependents may extend coverage up to 36 months from the date COBRA coverage began.

When you're no longer covered under COBRA, you may convert your County group medical plan to an individual plan by contacting the plan, or you may purchase individual coverage. Coverage and costs of converted medical plans may differ from group plans. Conversion isn't available for dental and vision.

| • | Tasks $\square$ | VageWorks contacts you regarding COBRA options within 30 days of your last day. |                                                                                               |                |
|---|-----------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------|
|   |                 | • •                                                                             | e, contact your plan to convert your gro<br>Statewide Health Insurance Benefits Ad<br>Perage. | •              |
|   |                 | <ul> <li>KingCare<sup>SM</sup></li> </ul>                                       | www.regence.com                                                                               | 1-800-376-7926 |
|   |                 | <ul><li>Group Health</li></ul>                                                  | www.ghc.org                                                                                   | 1-888-901-4636 |
|   |                 | <ul><li>Deputy Sheriff King</li></ul>                                           | Care Plan www.regence.com                                                                     | 1-800-376-7926 |
|   |                 | ■ SHIBA www                                                                     | .insurance.wa.gov/shiba/index.shtml                                                           | 1-800-562-6900 |

#### Section 5: Retiree medical benefits

#### **▶** Eligibility

If you have County health coverage on your last day of employment, it continues through the last day of the month in which you leave. When County-paid coverage ends and you begin drawing a retirement pension, you and your covered dependents can pay to continue coverage under the Retiree Medical Plan if you meet **all** of the following qualifications:

- You have County health benefits on your last day of employment.
- You have been a King County employee for at least five years of cumulative service.
- You are not entitled to Medicare.
- You are not covered under another group medical plan.
- You meet the requirements for formal service or disability retirement under the Washington State Public Employees Retirement Act or Seattle City Employees' Retirement System (applies only if you elected to remain under the City of Seattle system by formal agreement between the County and City).

Retiree medical benefits are an alternative to COBRA. If you elect Retiree Medical, you waive your COBRA rights. You can enroll in any combination of coverage under COBRA and Retiree benefits, e.g., you could elect COBRA medical coverage, Retiree dental, and Retiree vision. Enrollment and length of coverage rules apply to each plan. When choosing coverage, consider the differences between retiree medical and COBRA benefits, as shown in the following table.

|                                                                 | COBRA benefits                                                                                                                                                                                                                                                                                  | Retiree Medical benefits                                                                                                                                                                                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health coverage available                                       | Medical, dental and vision                                                                                                                                                                                                                                                                      | Medical and vision                                                                                                                                                                                               |
| Length of time coverage available                               | 18 months maximum (29 months if you leave employment due to a Social Security-verified disability)                                                                                                                                                                                              | Until you become entitled to Medicare                                                                                                                                                                            |
| Plan choice                                                     | Allows you to change medical plans and color level after a qualifying life event and during any Open Enrollment period following retirement, but not at the time of retirement                                                                                                                  | Allows you to change medical plans and choose your out-of-pocket color level at the time of retirement, after a qualifying life event, and during any Open Enrollment period following retirement                |
| Can you change<br>medical plans<br>between Open<br>Enrollments? | Yes. If you relocate out of your current plan's coverage area and notify WageWorks with proof of your new permanent address and the availability of coverage under another King County plan in your new location                                                                                | Yes. If you relocate out of your current plan's coverage area and notify WageWorks with proof of your new permanent address and the availability of coverage under another King County plan in your new location |
| Can you cover dependents?                                       | Yes. You may continue coverage for your dependents under your COBRA benefits. You may choose to enroll them under your COBRA benefits, or you may leave it to them to enroll. Because they have separate enrollment rights under COBRA, they may enroll themselves without action on your part. | Yes. You may continue coverage for your dependents under Retiree Medical. You must take action to enroll them because they do not have the separate enrollment rights they have under COBRA.                     |

#### ► Plan options

Your enrollment options will be explained in the Retiree Medical enrollment packet you receive from WageWorks. You may opt to continue your enrollment in the medical and vision plans and the Health Care Flexible Spending Account (FSA) you were enrolled in on your last day of employment. For example, if you were only enrolled in vision coverage on your last day, you may not choose to continue medical. Unlike COBRA, you may also choose the out-of-pocket expense level (Gold, Silver, or Bronze) you want to pay for your retiree medical coverage, and you may change medical plans. If you choose to make any changes to your medical plan under Retiree Medical, contact Benefits, Payroll and Retirement Operations approximately one month prior to your retirement.

You may purchase retiree dental coverage as a separate plan at the time you make your retiree medical elections. For more information, see Section 6: Retiree Dental Benefits.

If you choose to participate in Retiree Medical, you do not have to continue all of the health plans you had on your last day. For example, you may have had medical and vision coverage as a benefit-eligible employee, but you can elect to continue medical only, vision only, or both of the plans.

You must enroll in retiree benefits within 60 days of your King County coverage ending or your notification of retiree options by WageWorks—whichever is later. If you do not elect a medical or vision plan during that time, you may not add it later, not even during Open Enrollment. As long as you remain on Retiree Medical, you receive Open Enrollment materials and have the opportunity to change medical plans each year.

#### **▶** Dependent coverage options

If you elect Retiree Medical for you and your eligible dependents and you die, divorce, or terminate a domestic partnership, or a dependent child loses dependent status, the eligible dependents who lose coverage because of the event may pay to continue their retiree medical benefits under COBRA for up to 36 months.

#### ▶ When coverage ends

If you retire and elect Retiree Medical for you and your eligible dependents before you become entitled to Medicare, the Retiree Medical ends for everyone when you become Medicare entitled. When this occurs, your qualified dependents have the option to continue their benefit coverage under COBRA for up to 36 months.

If you retire when or after you become entitled to Medicare, you and your dependents are not eligible for Retiree Medical, but your qualified dependents may continue benefit coverage under the provisions of COBRA for up to 36 months from the date of your Medicare entitlement.

| <b>&gt;</b> | Tasks | WageWorks contacts you regarding Retiree Medical benefit options within 30 days after you retire.                                                                                                                                  |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |       | For other retirement insurance information, go to the Statewide Health Insurance Benefits Advisors Web site at <a href="www.insurance.wa.gov/shiba/index.shtml">www.insurance.wa.gov/shiba/index.shtml</a> or call 1-800-562-6900. |

#### Section 6: Retiree dental benefits

If you have County dental coverage on your last day of employment, it continues through the last day of the month you retire. When County-paid coverage ends and you begin drawing a retirement pension, you and your covered dependents may purchase the Retiree Dental Plan through Delta Dental of Washington, provided you do not elect to receive COBRA benefits. This program, which is different than the plan you have as an employee, allows you to seek dental care from any dentist within the Delta Dental network. Unlike Retiree Medical, you can enroll in and continue your Retiree Dental plan if you are entitled to Medicare.

| Summary of retiree dental benefits                                                   |                          |                                 |                          |  |  |
|--------------------------------------------------------------------------------------|--------------------------|---------------------------------|--------------------------|--|--|
|                                                                                      | Payment Levels           |                                 |                          |  |  |
| Plan Summary                                                                         | Delta Dental PPO Dentist | Delta Dental Premier<br>Dentist | Nonparticipating Dentist |  |  |
| Class I – Diagnostic & Preventive Exams, Prophys, X-rays, Fluoride and Sealants      | 100%                     | 80%                             | 80%                      |  |  |
| Class II – Restorative  Restorations, Endodontics, Periodontics, Oral Surgery        | 80%                      | 70%                             | 70%                      |  |  |
| Class III – Major Crowns, Dentures, Partials, Bridges and Implants                   | 50%                      | 40%                             | 40%                      |  |  |
| Annual Maximum Per Person Benefit Period January 1 – December 31                     | \$2000                   | \$2000                          | \$2000                   |  |  |
| Deductible (waived on Class 1)  Per person/per benefit period  Annual family maximum | \$25<br>\$75             | \$25<br>\$75                    | \$25<br>\$75             |  |  |
| TMJ — B Surgical and Nonsurgical Lifetime maximum                                    | 50%<br>\$500             | 50%<br>\$500                    | 50%<br>\$500             |  |  |

Whether you choose a Delta Dental Premier dentist or a Delta Dental PPO dentist, your benefit levels remain the same. However, the Delta Dental PPO dentists have agreed to fees that are, on average, 17% lower than Delta Dental Premier dentist fees. This means that your out-of-pocket costs may be lower when you select a Delta Dental PPO dentist.

▶ **Tasks** ☐ WageWorks contacts you regarding retiree dental benefits within 30 days after you retire.

# Section 7: COBRA, retiree medical, and retiree dental costs

The monthly cost for COBRA and Retiree Medical benefits is based on what King County pays to provide the same coverage to active employees. The rates are subject to periodic adjustment.

If you elect Retiree Medical, you can purchase the out-of-pocket expense level (Gold, Silver, or Bronze) you want for your medical coverage; if you elect COBRA, you cannot. The Gold coverage has the highest premium but the lowest out-of-pocket expense level, the bronze level of coverage has the lowest premium but the highest out-of-pocket expense level, and the Silver level is in-between.

The rate for dependent children applies to one child or several, as long as you or your spouse/domestic partner also elects coverage. If you or your spouse/domestic partner doesn't elect coverage, the first child pays the same rate as you and the dependent child rate applies to all additional children. Each non-dependent child pays the same rate as you.

The rates for Retiree Dental are determined by Delta Dental of Washington.

#### ► Regular employees

#### **COBRA** monthly cost

If you are in the Regular employee benefit group, the following table shows the monthly premiums for your medical, dental, and vision plan options under COBRA. Premiums for last year are also shown for comparison.

| Medical plan                  | You             | Spouse/domestic partner | Dependent child(ren) |
|-------------------------------|-----------------|-------------------------|----------------------|
| KingCare <sup>SM</sup> Gold   | 2017 ▶ \$781.37 | 2017 ▶ \$781.37         | 2017 ▶ \$625.09      |
|                               | 2016 ▶ \$732.44 | 2016 ▶ \$732.44         | 2016 ▶ \$585.95      |
| KingCare <sup>SM</sup> Silver | 2017 ▶ \$744.53 | 2017 ▶ \$744.53         | 2017 ▶ \$595.62      |
|                               | 2016 ▶ \$697.92 | 2016 ▶ \$697.92         | 2016 ▶ \$558.33      |
| KingCare <sup>SM</sup> Bronze | 2017 ▶ \$726.36 | 2017 ▶ \$726.36         | 2017 ▶ \$581.09      |
|                               | 2016 ▶ \$680.88 | 2016 ▶ \$680.88         | 2016 ▶ \$544.70      |
| SmartCare Connect Gold        | 2017 ▶ \$536.01 | 2017 ▶ \$536.01         | 2017 ▶ \$428.80      |
|                               | 2016 ▶ \$522.15 | 2016 ▶ \$522.15         | 2016 ▶ \$417.72      |
| SmartCare Connect Silver      | 2017 ▶ \$522.24 | 2017 ▶ \$522.24         | 2017 ▶ \$417.79      |
|                               | 2016 ▶ \$508.74 | 2016 ▶ \$508.74         | 2016 ▶ \$406.99      |
| SmartCare Connect Bronze      | 2017 ▶ \$509.29 | 2017 ▶ \$509.29         | 2017 ▶ \$407.43      |
|                               | 2016 ▶ \$496.13 | <i>2016</i> ► \$496.13  | 2016 ▶ \$396.90      |

| Dental plan                | You            | Spouse/domestic partner | Dependent child(ren) |
|----------------------------|----------------|-------------------------|----------------------|
| Delta Dental of Washington | 2017 ▶ \$65.99 | 2017 ▶ \$65.99          | 2017 ▶ \$52.79       |
|                            | 2016 ► \$63.91 | 2016 ▶ \$63.91          | 2016 ▶ \$51.12       |

| Vision plan         | You            | Spouse/domestic partner | Dependent child(ren) |
|---------------------|----------------|-------------------------|----------------------|
| Vision Service Plan | 2017 ▶ \$11.74 | 2017 ▶ \$11.74          | 2017 ▶ \$9.39        |
|                     | 2016 ▶ \$11.59 | 2016 ▶ \$11.59          | 2016 ▶ \$9.27        |

| Healthy Incentives <sup>SM</sup> | You           | Spouse/domestic partner |
|----------------------------------|---------------|-------------------------|
| Healthy Incentives <sup>SM</sup> | 2017 ▶ \$5.52 | 2017 ▶ \$5.52           |
|                                  | 2016 ▶ \$5.34 | 2016 ▶ \$5.34           |

#### **Retiree Medical monthly cost**

If you are in the Regular employee benefit group, the following table shows the monthly premiums for your medical, dental, and vision plan options under Retiree Medical. Premiums for last year are also shown for comparison. **Note:** As a result of labor union negotiations, beginning in 2017, Retiree Medical is no longer subsidized and rates have increased.

| Medical plan                  | You                                  | Spouse/domestic partner              | Dependent child(ren)                 |
|-------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| KingCare <sup>SM</sup> Gold   | 2017 ► \$1306.09<br>2016 ► \$ 732.44 | 2017 ► \$1306.09<br>2016 ► \$ 732.44 | 2017 ► \$1044.87<br>2016 ► \$ 585.95 |
| KingCare <sup>SM</sup> Silver | 2017 > \$1244.52                     | 2017 ▶ \$1244.52                     | 2017 ▶ \$995.62                      |

|                               | 2016 ▶ \$ 697.92 | 2016 ▶ \$ 697.92 | 2016 ▶ \$558.33 |
|-------------------------------|------------------|------------------|-----------------|
| KingCare <sup>SM</sup> Bronze | 2017 ▶ \$1214.15 | 2017 ▶ \$1214.15 | 2017 ▶ \$971.32 |
|                               | 2016 ▶ \$680.88  | 2016 ▶ \$680.88  | 2016 ▶ \$544.70 |
| 0 10 0 10 1                   | 0047 > #705.00   | 0047 > 0705 00   | 0047 > 0040.00  |
| SmartCare Connect Gold        | 2017 ▶ \$765.36  | 2017 ▶ \$765.36  | 2017 ▶ \$612.29 |
|                               | 2016 ▶ \$522.15  | 2016 ▶ \$522.15  | 2016 ▶ \$417.72 |
| SmartCare Connect Silver      | 2017 ▶ \$745.70  | 2017 ▶ \$745.70  | 2017 ▶ \$596.56 |
|                               | 2016 ▶ \$508.74  | 2016 ▶ \$508.74  | 2016 ▶ \$406.99 |
| SmartCare Connect Bronze      | 2017 ▶ \$727.21  | 2017 > \$727.21  | 2017 ▶ \$581.77 |
|                               | 2016 ▶ \$496.13  | 2016 ▶ \$496.13  | 2016 ▶ \$396.90 |

| Retiree dental plan        | You            | Spouse/domestic partner | Dependent child(ren) |
|----------------------------|----------------|-------------------------|----------------------|
| Delta Dental of Washington | 2017 ▶ \$71.63 | 2017 ▶ \$71.62          | 2017 ▶ \$66.91       |
|                            | 2016 ▶ \$70.23 | 2016 ▶ \$70.23          | 2016 ▶ \$65.60       |

| Vision plan         | You            | Spouse/domestic partner | Dependent child(ren) |
|---------------------|----------------|-------------------------|----------------------|
| Vision Service Plan | 2017 ▶ \$18.40 | 2017 ▶ \$18.40          | 2017 > \$14.72       |
|                     | 2016 ▶ \$11.59 | 2016 ▶ \$11.59          | 2016 ▶ \$9.27        |

| Healthy Incentives <sup>SM</sup> | You           | Spouse/domestic partner |
|----------------------------------|---------------|-------------------------|
| Healthy Incentives <sup>SM</sup> | 2017 ▶ \$5.52 | 2017 ▶ \$5.52           |
|                                  | 2016 ▶ \$5.34 | 2016 ▶ \$5.34           |

# ► Amalgamated Transit Union Local 587 employees

#### **COBRA** monthly cost

If you are in the ATU Local 587 employee benefit group, whether full-time or part-time, the following table shows the monthly premiums for your medical, dental, and vision plan options under COBRA. Premiums for last year are also shown for comparison.

| Medical plan                  | You                    | Spouse/domestic partner | Dependent child(ren)   |
|-------------------------------|------------------------|-------------------------|------------------------|
| KingCare <sup>SM</sup> Gold   | 2017 ▶ \$838.45        | 2017 ▶ \$838.45         | 2017 ▶ \$670.76        |
|                               | 2016 ▶ \$788.48        | 2016 ▶ \$788.48         | 2016 ▶ \$630.78        |
| KingCare <sup>SM</sup> Silver | 2017 ▶ \$798.92        | 2017 ▶ \$798.92         | 2017 ▶ \$639.14        |
|                               | 2016 ▶ \$751.31        | 2016 ▶ \$751.31         | 2016 ▶ \$601.05        |
| KingCare <sup>SM</sup> Bronze | 2017 > \$779.42        | 2017 ▶ \$779.42         | 2017 ▶ \$623.53        |
|                               | 2016 ▶ \$732.97        | 2016 ▶ \$732.97         | 2016 ▶ \$586.38        |
|                               |                        |                         |                        |
| SmartCare Connect Gold        | <i>2017</i> ► \$616.63 | <i>2017</i> ▶ \$616.63  | 2017 ▶ \$493.30        |
|                               | <i>2016</i> ► \$591.20 | 2016 ▶ \$591.20         | 2016 ▶ \$472.96        |
| SmartCare Connect Silver      | 2017 ▶ \$600.79        | 2017 ▶ \$600.79         | 2017 ▶ \$480.63        |
|                               | 2016 ▶ \$576.02        | 2016 ▶ \$576.02         | <i>2016</i> ► \$460.81 |
| SmartCare Connect Bronze      | 2017 ▶ \$585.89        | 2017 ▶ \$585.89         | 2017 ▶ \$468.72        |
|                               | 2016 ▶ \$561.74        | 2016 ▶ \$561.74         | 2016 ▶ \$449.39        |

| Dental plan                | You            | Spouse/domestic partner | Dependent child(ren) |
|----------------------------|----------------|-------------------------|----------------------|
| Delta Dental of Washington | 2017 ▶ \$67.41 | 2017 ▶ \$67.41          | 2017 ▶ \$53.92       |
|                            | 2016 ► \$66.96 | 2016 ▶ \$66.96          | 2016 ▶ \$53.57       |

| Vision plan         | You            | Spouse/domestic partner | Dependent child(ren) |
|---------------------|----------------|-------------------------|----------------------|
| Vision Service Plan | 2017 ▶ \$12.48 | 2017 ▶ \$12.48          | 2017 ▶ \$9.98        |
|                     | 2016 ▶ \$12.60 | <i>2016</i> ► \$12.60   | 2016 ▶ \$10.08       |

| Healthy Incentives <sup>SM</sup> | You           | Spouse/domestic partner |
|----------------------------------|---------------|-------------------------|
| Healthy Incentives <sup>SM</sup> | 2017 ▶ \$5.52 | 2017 ▶ \$5.52           |
|                                  | 2016 ▶ \$5.34 | 2016 ▶ \$5.34           |

#### **Retiree medical monthly cost**

If you are in the ATU Local 587 employee benefit group, whether full-time or part-time, the following table shows the monthly premiums for your medical, dental, and vision plan options under Retiree Medical. Premiums for last year are also shown for comparison.

| Medical plan                  | You             | Spouse/domestic partner | Dependent child(ren) |
|-------------------------------|-----------------|-------------------------|----------------------|
| KingCare <sup>SM</sup> Gold   | 2017 ► \$838.45 | 2017 ► \$838.45         | 2017 ► \$670.76      |
|                               | 2016 ► \$788.48 | 2016 ► \$788.48         | 2016 ► \$630.78      |
| KingCare <sup>SM</sup> Silver | 2017 > \$798.92 | 2017 ▶ \$798.92         | 2017 > \$639.14      |
| KingCare <sup>SM</sup> Bronze | 2016 ► \$751.31 | 2016 ► \$751.31         | 2016 ► \$601.05      |
|                               | 2017 ► \$779.42 | 2017 ► \$779.42         | 2017 ► \$623.53      |
|                               | 2016 ▶ \$732.97 | 2016 ▶ \$732.97         | 2016 ▶ \$586.38      |
| SmartCare Connect Gold        | 2017 ► \$616.63 | 2017 ► \$616.63         | 2017 ► \$493.30      |
|                               | 2016 ► \$591.20 | 2016 ► \$591.20         | 2016 ► \$472.96      |
| SmartCare Connect Silver      | 2017 ► \$600.79 | 2017 ► \$600.79         | 2017 ► \$480.63      |
|                               | 2016 ► \$576.02 | 2016 ► \$576.02         | 2016 ► \$460.81      |
| SmartCare Connect Bronze      | 2017 ► \$585.89 | 2017 ► \$585.89         | 2017 ► \$468.72      |
|                               | 2016 ► \$561.74 | 2016 ► \$561.74         | 2016 ► \$449.39      |

| Retiree dental plan        | You            | Spouse/domestic partner | Dependent child(ren) |
|----------------------------|----------------|-------------------------|----------------------|
| Delta Dental of Washington | 2017 ▶ \$71.63 | 2017 ▶ \$71.62          | 2017 ▶ \$66.91       |
|                            | 2016 ▶ \$70.23 | 2016 ▶ \$70.23          | 2016 ▶ \$65.60       |

| Vision plan         | You                   | Spouse/domestic partner | Dependent child(ren) |
|---------------------|-----------------------|-------------------------|----------------------|
| Vision Service Plan | 2017 ▶ \$12.48        | 2017 ▶ \$12.48          | 2017 ▶ \$9.98        |
|                     | <i>2016</i> ► \$12.60 | <i>2016</i> ► \$12.60   | 2016 ▶ \$10.08       |

|                                  | You           | Spouse/domestic partner |
|----------------------------------|---------------|-------------------------|
| Healthy Incentives <sup>SM</sup> | 2017 ▶ \$5.52 | 2017 ▶ \$5.52           |
|                                  | 2016 ▶ \$5.34 | 2016 ▶ \$5.34           |

# **▶** Deputy Sheriffs

#### **COBRA** monthly cost

If you are in the Deputy Sheriff benefit group, the following tables show the monthly premiums for your medical, dental, and vision plan options under COBRA. Premiums for last year are also shown for comparison.

| Medical plan                   | You             | Spouse/domestic partner | Dependent child(ren) |
|--------------------------------|-----------------|-------------------------|----------------------|
| Deputy Sheriff KingCare Gold   | 2017 ▶ \$656.32 | 2017 ▶ \$656.32         | 2017 ▶ \$525.06      |
|                                | 2016 ▶ \$692.92 | 2016 ▶ \$692.92         | 2016 ▶ \$554.34      |
| Deputy Sheriff KingCare Silver | 2017 ▶ \$619.29 | 2017 ▶ \$619.29         | 2017 ▶ \$495.43      |
|                                | 2016 ▶ \$660.26 | 2016 ▶ \$660.26         | 2016 > \$528.21      |
| Deputy Sheriff KingCare Bronze | 2017 ▶ \$605.94 | 2017 ▶ \$605.94         | 2017 ▶ \$484.75      |
|                                | 2016 > \$644.14 | 2016 > \$644.14         | 2016 > \$515.31      |

| Medical plan             | You                    | Spouse/domestic partner | Dependent child(ren)   |
|--------------------------|------------------------|-------------------------|------------------------|
| SmartCare Connect Gold   | 2017 ▶ \$579.17        | 2017 ▶ \$579.17         | 2017 ▶ \$463.34        |
|                          | <i>2016</i> ► \$576.12 | 2016 ▶ \$576.12         | <i>2016</i> ► \$460.90 |
| SmartCare Connect Silver | 2017 ▶ \$551.87        | 2017 ▶ \$551.87         | 2017 > \$441.49        |
|                          | <i>2016</i> ► \$548.96 | 2016 ▶ \$548.96         | 2016 ▶ \$439.17        |
| SmartCare Connect Bronze | 2017 ▶ \$538.40        | 2017 ▶ \$538.40         | 2017 ▶ \$430.72        |
|                          | 2016 ► \$535.56        | 2016 ▶ \$535.56         | 2016 ▶ \$428.45        |

| Dental plan                | You            | Spouse/domestic partner | Dependent child(ren) |
|----------------------------|----------------|-------------------------|----------------------|
| Delta Dental of Washington | 2017 ▶ \$62.48 | 2017 ▶ \$62.48          | 2017 ▶ \$49.99       |
|                            | 2016 ▶ \$65.65 | 2016 ▶ \$65.65          | 2016 ▶ \$52.52       |

| Vision plan         | You            | Spouse/domestic partner | Dependent child(ren) |
|---------------------|----------------|-------------------------|----------------------|
| Vision Service Plan | 2017 ▶ \$ 8.27 | 2017 ▶ \$ 8.27          | 2017 ▶ \$6.61        |
|                     | 2016 ▶ \$ 8.68 | 2016 ▶ \$ 8.68          | 2016 ▶ \$6.95        |

| Healthy Incentives <sup>SM</sup> | You           | Spouse/domestic partner |
|----------------------------------|---------------|-------------------------|
| Healthy Incentives <sup>SM</sup> | 2017 ▶ \$5.52 | 2017 ▶ \$5.52           |
|                                  | 2016 ▶ \$5.34 | 2016 ▶ \$5.34           |

#### Retiree medical monthly cost

If you are in the Deputy Sheriff benefit group, the following table shows the monthly premiums for your medical, dental, and vision plan options under Retiree Medical. Premiums for last year are also shown for comparison.

| Medical plan                   | You             | Spouse/domestic partner | Dependent child(ren) |
|--------------------------------|-----------------|-------------------------|----------------------|
| Deputy Sheriff KingCare Gold   | 2017 ▶ \$656.32 | 2017 ▶ \$656.32         | 2017 ▶ \$525.06      |
|                                | 2016 ▶ \$692.92 | 2016 ▶ \$692.92         | 2016 ▶ \$554.34      |
| Deputy Sheriff KingCare Silver | 2017 ▶ \$619.29 | 2017 ▶ \$619.29         | 2017 ▶ \$495.43      |

|                                | 2016 ▶ \$660.26 | 2016 ▶ \$660.26 | 2016 ▶ \$528.21 |
|--------------------------------|-----------------|-----------------|-----------------|
| Deputy Sheriff KingCare Bronze | 2017 ▶ \$605.94 | 2017 ▶ \$605.94 | 2017 ▶ \$484.75 |
|                                | 2016 ▶ \$644.14 | 2016 > \$644.14 | 2016 ▶ \$515.31 |
|                                |                 |                 |                 |
| SmartCare Connect Gold         | 2017 ▶ \$579.17 | 2017 ▶ \$579.17 | 2017 ▶ \$463.34 |
|                                | 2016 ▶ \$576.12 | 2016 ▶ \$576.12 | 2016 ▶ \$460.90 |
| SmartCare Connect Silver       | 2017 ▶ \$551.87 | 2017 ▶ \$551.87 | 2017 > \$441.49 |
|                                | 2016 ▶ \$548.96 | 2016 ▶ \$548.96 | 2016 ▶ \$439.17 |
| SmartCare Connect Bronze       | 2017 ▶ \$538.40 | 2017 ▶ \$538.40 | 2017 ▶ \$430.72 |
|                                | 2016 ▶ \$535.56 | 2016 ▶ \$535.56 | 2016 ▶ \$428.45 |

| Retiree dental plan        | You            | Spouse/domestic partner | Dependent child(ren) |
|----------------------------|----------------|-------------------------|----------------------|
| Delta Dental of Washington | 2017 ▶ \$71.63 | 2017 ▶ \$71.62          | 2017 ▶ \$66.91       |
|                            | 2016 ▶ \$70.23 | 2016 ▶ \$70.23          | 2016 ▶ \$65.60       |

| Vision plan         | You            | Spouse/domestic partner | Dependent child(ren) |
|---------------------|----------------|-------------------------|----------------------|
| Vision Service Plan | 2017 ▶ \$ 8.27 | 2017 ▶ \$8.27           | 2017 ▶ \$6.61        |
|                     | 2016 ▶ \$ 8.68 | 2016 ▶ \$8.68           | 2016 ▶ \$6.95        |

| Healthy Incentives <sup>SM</sup> | You           | Spouse/domestic partner |
|----------------------------------|---------------|-------------------------|
| Healthy Incentives <sup>SM</sup> | 2017 ▶ \$5.52 | 2017 ▶ \$5.52           |
|                                  | 2016 ▶ \$5.34 | 2016 ▶ \$5.34           |

#### **▶** Qualifying for Retiree Medical

To qualify for Retiree Medical, you must retire from King County. Retirement is defined as:

"Retiring as a result of length of service, which means an employee is eligible, applies for, and begins drawing a pension benefit from LEOFF, PERS Defined Benefit Plan, PSERS or the Seattle City Employees' Retirement System (for County employees who were formally grandfathered with continued participation in that plan) immediately upon terminating from County employment."

K.C.C. 3.12.320 states that "retirement from County employment shall be in accordance with the provisions set forth in State law RCW 41.40.010(24)," which defines retirement as "withdrawal from active service with a retirement allowance as provided in this chapter." The Code and statutory definition of retirement confirms that the intended interpretation of "retire" in K.C.C. 3.12.220(F) is to ensure that retirement at King County is only valid when drawing a retirement benefit from the retirement plans listed above.

Withdrawing funds from any of the following plans *does not* constitute an official retirement: the County deferred compensation plan, PERS 1, PERS 2, PERS 3 without drawing from the PERS defined benefit, LEOFF, PSERS or the Seattle City Employees' Retirement System.

If you do not officially retire from King County according to the State and County codes, you may **not** cash out your 35% sick leave, contribute to the HRA VEBA or enroll in Retiree Medical.

# Section 8: Healthy Incentives<sup>SM</sup> program

If you are interested in participating in Healthy Incentives after you leave King County, you pay a monthly fee for yourself and any covered spouse/domestic partner. Your information is protected by StayWell, the third-party administrator managing this program independently for the County.

If you have questions about this program, call Benefits, Payroll and Retirement Operations at 206-684-1556.

#### Section 9: Life, AD&D and LTD insurance

If you have life, accidental death and dismemberment (AD&D) or long-term disability (LTD) insurance when you leave employment, coverage continues through the last day of the month you leave.

When you end employment with the County and you are not ill or injured and away from work on the date your coverage ends, you may continue the basic and supplemental group term life insurance that you had on your last day of employment up to \$500,000. This is called "portability." You pay premiums for the continued coverage directly to Minnesota Life, an affiliate of the Securian Financial Group, and the age-specific group rates may differ from the rates paid by active employees. If you continue coverage, you may also continue the supplemental group term life insurance you had on your last day of employment for your spouse/domestic partner until he/she is age 99 up to \$100,000 and your dependent children until they are age 19 (25 if solely dependent on you for support) up to \$5,000.

Life and AD&D insurance may also be converted to individual policies. To convert life or AD&D to individual policies, you must contact the plans and apply within 31 days of when your County coverage ends. LTD coverage is not eligible for conversion.

- ► **Task** ☐ If you wish to convert from group to individual policies, call and apply within 31 days of when your group coverage ends.
  - Life (Minnesota Life/Securian) 1-866-293-6047
  - AD&D (Minnesota Life/Securian) 1-866-293-6047

# **Section 10: Flexible Spending Accounts**

#### ► Flexible Spending Accounts

Your participation in your FSAs ends on the last day of the month in which you leave employment. You may continue participating in your Health Care FSA (contributing to the account and requesting reimbursements) through the end of the calendar year as long as you elect to continue your Health Care FSA under COBRA. You have until March 31 of the following year to submit reimbursement requests for expenses incurred during the calendar year. However, you cannot re-enroll or carry unused funds into the following year.

Note: Dependent Care FSAs cannot be continued after you leave King County.

# Section 11: State retirement system

Benefits, Payroll and Retirement Operations automatically notifies the Washington State Department of Retirement Systems (DRS) when you leave employment.

#### ► If you are leaving employment but aren't retiring

If you are leaving employment but aren't retiring, you have three options:

- Leave your contributions in your plan
- Transfer the funds from your plan to a qualified tax-deferred retirement account (such as an IRA)
- Withdraw your contributions.

If you transfer or withdraw funds from your plan, you may be eligible to restore withdrawn contributions (with interest):

- When you return to employment with King County or another DRS-participating employer, or
- Within five years of your reinstatement or before retirement, whichever comes first.

| If you are in Plan 1 or Plan 2                                                                                                                                              | If you are in Plan 3                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To withdraw retirement contributions, submit a Withdrawal of Retirement Contributions form to DRS. It can take DRS up to 60 to 90 days after you leave to issue your check. | To withdraw retirement contributions, submit a Plan 3 Request for Payment of Defined Contribution form to ICMA. The wait time varies, depending on your investment program. |

#### ► If you are planning to retire

If you are planning to retire, you need to contact DRS six months before you leave. This allows DRS time to send you information about retirement options and to process the option you choose as soon as possible after you leave.

#### Ask DRS for:

- A schedule of retirement planning seminars (DRS recommends attending a seminar two to five years before you retire, but it's never too late)
- An estimate of your retirement benefits
- A retirement packet.

After you submit your application for retirement, DRS sends you a letter confirming its receipt. Then, shortly before you retire, DRS sends you another letter confirming your retirement benefit. You will need to submit a copy of your letter from DRS confirming your retirement benefit along with your Leaving County Employment form when you inform your department of your retirement date (see "Section 1: Letting Key Staff Know Your Leaving" for more information about the Leaving County Employment form at the end of this guide).

If you're a transit employee, you'll need copies of your estimate of retirement benefits (or last DRS statement) and the DRS letter confirming receipt of your application to retire to apply for a retiree bus pass and to cash out unused leave.

#### ► Selecting your retirement date

For the majority of State retirement plans (PERS 1, PERS 2, PERS 3, PSERS 2 and LEOFF 2), you need to terminate your employment with the County on a date before the first of the month in which you want to begin accruing your pension benefit, which is your defined benefit amount. You receive your first pension check on the last working day of the month in which you retire.



If you receive any compensation from the County in the month you want to begin retirement, your pension benefits will not begin accruing until the first of the following month. In other words, you cannot receive any County pay or other County-paid benefits in the same month you receive a pension check.

For example, you decide to take a vacation day or you work on the first of the month you want to retire. Because you will be paid for that day and receive County-paid health benefits for that month, you won't be able to begin accruing pension benefits until the first of the following month.



#### Cost of living adjustments

For the majority of State retirement plans (PERS 2, PERS 3, PSERS 2 and LEOFF 2), you may receive a cost of living adjustment (COLA) of up to 3% of your base pension amount. It is added to your base pension amount in July each year, provided you have been retired for one full calendar year. If you retire in the first half of the year, you receive your first COLA in July of the following calendar year. If you retire later in the year, your first COLA is delayed by another calendar year.

| <b>•</b> | Tasks 🗌 | Contact DRS six months before you retire at 1-800-547-6657 or recep@drs.wa.gov. For more |
|----------|---------|------------------------------------------------------------------------------------------|
|          |         | information, go to www.drs.wa.gov.                                                       |
|          |         | If you're a member of the Seattle City Employees' Retirement System, call 206-386-1292.  |

# Section 12: Working after retirement

You may retire from King County and go to work for a private employer or a public employer not covered by a Washington State Department of Retirement Systems (DRS) pension plan without affecting your State retirement system pension. However, if you retire from King County and return to work for King County or any public employer covered by a DRS pension plan:

- Under no circumstances may you plan (either verbally or in writing) post-retirement employment with King County before you retire, and
- You're limited in terms of when you may return to work and the total hours per year you may work before your pension is affected.

In 2007, the State legislature established new return-to-work rules for PERS 2 and PERS 3 members who retire with 30 or more years of service credit. For more information on these new rules, go to www.drs.wa.gov/member/publications/p23earlyretirement.htm.

► **Task** ☐ If you plan to return to work after you retire, contact DRS at 1-800-547-6657 or e-mail recep@drs.wa.gov before you return to work. For more information, go to www.drs.wa.gov.

# Section 13: Health Reimbursement Arrangement in a Voluntary Employee Benefits Association

The County offers employees a Health Reimbursement Arrangement (HRA) in a Voluntary Employee Benefits Association (VEBA) that allows for the tax-free rollover of leave cash-out to an HRA VEBA Trust at retirement. These tax-free funds are then used to pay or reimburse you for eligible out-of-pocket health care expenses and premiums for you, your spouse and your qualified dependents (health care expenses and premiums for domestic partners and domestic partner children are not eligible). You do not pay taxes on your leave cash-out when it is transferred to the VEBA, and you do not pay taxes on the funds used to pay or reimburse you for your eligible health care costs.

HRA VEBA options available to County employees, based on voting by union members and non-represented employees, include:

- Your 35% sick leave cash-out at retirement
- Vacation cash-out of up to 480 hours at retirement if you work a 40-hour week or up to 420 hours if you
  work a 35-hour week (50% to HRA VEBA / 50% paid as regular taxable wages)

If you are a retiree who is either part of the non-represented employee group or a member of a collective bargaining unit that voted to participate in the HRA VEBA, you must enroll in the HRA VEBA within the 12 months following your retirement date. Participation in the HRA VEBA is not optional. A group decision is binding on all employees retiring from an eligible group.

#### You must open an account before you can access your funds

Don't risk waiting until the last minute to enroll in your HRA VEBA—the sooner you open your HRA VEBA account, the sooner you can use your funds.

It's particularly important that PERS 1 retirees complete their paperwork right away because sick leave cash-out is used to calculate the final retirement benefit. DRS cannot recalculate your final PERS 1 retirement benefit until 10/17/2016 Employee Exit Guide 19

it receives notification that the HRA VEBA payout has occurred. In addition, your HRA VEBA contribution of sick leave and/or vacation leave balances will be reduced, as your normal PERS contribution is taken from your HRA VEBA contribution and sent to DRS to calculate into your average final compensation (AFC).

Notification to DRS cannot occur until:

- you submit your completed HRA VEBA enrollment form, your Leaving County Employment form and your DRS letter of acknowledgment to Benefits, Payroll and Retirement Operations, and
- the money has been sent to Gallagher VEBA, the HRA VEBA administrator.

#### How to enroll in the HRA VEBA

To have your leave cash-out transferred to the HRA VEBA, submit the following documents to Benefits, Payroll and Retirement Operations within the 12 months following your retirement date: HRA VEBA Enrollment Form, a copy of your letter from the Washington State Department of Retirement Systems or the Seattle City Employees' Retirement System, and a copy of this notice. Failure to send these documents to Benefits, Payroll and Retirement Operations within the 12 months following your retirement date will result in the forfeiture of your leave cash-out.

The HRA VEBA Enrollment Form is available in an enrollment kit at www.kingcounty.gov/employees/benefits/ Retirement/VEBA. There, you can also confirm whether you are retiring from an HRA VEBA-eligible group. If you have questions or need help, call Benefits, Payroll and Retirement Operations at 206-684-1556.

- ➤ **Task** ☐ Submit a completed HRA VEBA Enrollment form and the other documents listed above as soon as possible, but no later than 12 months following your retirement date. Obtain the enrollment form from:
  - Gallagher VEBA 1-888-659-8828 hraveba.org
  - Benefits, Payroll and
     Retirement Operations 206-684-1556 kc.benefits@kingcounty.gov

# **Section 14: Deferred Compensation Plan**

T. Rowe Price, King County's Deferred Compensation Plan administrator, will be automatically notified that you have left employment. You may keep your funds in the King County plan or you may transfer them to another plan. If you elect to withdraw your funds and your balance is less than \$5,000, you will receive a lump-sum payment of your account balance. Use the Deferred Compensation Cash-Out Authorization form at the end of this guide.

You can use your Deferred Compensation Plan contributions to purchase additional service credits from the Department of Retirement Systems. Contact <a href="mailto:kcdeferredcomp@kingcounty.gov">kcdeferredcomp@kingcounty.gov</a> for details.

To avoid supplemental taxes, you can transfer your sick and vacation leave cash outs to a Deferred Compensation Plan account, as long as you are not part of a VEBA retiree group. You can make a one-time contribution, even if you don't currently participate in the Deferred Compensation Plan.

For more information about the Deferred Compensation Plan and your options, go to kingcounty.gov/employees/benefits or call the County's deferred compensation coordinator at 206-263-9250.

► **Task** ☐ When you're leaving County employment, be sure to contact T. Rowe Price about your Deferred Compensation Plan options at 1-888-457-5770 or through the Web at http://rps.troweprice.com/kingcounty.

# Section 15: Ethics provisions for post-employment

The King County Code of Ethics (K.C.C. 3.04.035) includes provisions to ensure the highest level of ethical conduct in all County transactions after you leave County employment. The provisions are summarized below. If you're uncertain whether or not the provisions apply to you or if you have any other questions, contact the King County Board of Ethics.

For one year after you leave County employment, you:

- May not have a financial or beneficial interest in a contract or grant that was planned, authorized or funded by a County action in which you participated during your employment
- May not assist a person, whether or not for compensation, in any County action in which you
  participated during your employment (you're not, however, prohibited from rendering assistance to
  County employees in the course of employee organization business)
- Must first disclose your past County employment in writing to the department considering or taking County action before you participate.

In addition, after you leave County employment you may not:

- Disclose or use any privileged or proprietary information gained by reason of your former employment for your personal benefit or the personal benefit of a member of your immediate family unless the information is a matter of public knowledge or is available to the public on request
- Assist any person, whether or not for compensation, on matters in which you're personally prohibited from participating.

After you leave County employment, it's okay to render assistance to a person if the assistance is provided without compensation in any form and limited to:

- Providing names, work addresses and work telephone numbers of County agencies or employees to the extent the information is available as a matter of public record under State law
- Providing free transportation to another for the purpose of conducting business with a County agency
- Assisting another person in obtaining or completing forms required by a County agency for the conduct of County business
- Assisting the poor or infirm, or
- Engaging in conduct that is protected by the constitutions or laws of the State of Washington or the United States.

It's also okay to accept future employment with the County at any time, including employment with your former department, and (except as otherwise provided in this section of the Code of Ethics) you may appear before the County or seek a County action on your own behalf to the same extent other persons may appear before or seek actions by the County.

| <b></b> | Task | If you're uncertain whether or not these post-employment provisions apply to you, contact the |
|---------|------|-----------------------------------------------------------------------------------------------|
|         |      | King County Board of Ethics at 206-263-7821 or e-mail board.ethics@kingcounty.gov. For        |
|         |      | more information, go to www.kingcounty.gov/ethics.                                            |

# Section 16: Other things to know and do

#### Making Life Easier

The King County Making Life Easier program provides free, confidential assistance for resolving personal life issues to benefit-eligible employees, their dependent family members and anyone living in the employee's household. Services include counseling, financial and legal advice, child care and adult/elder care. For assistance or more information, contact the program 24 hours a day, 7 days a week at 1-888-874-7290 toll-free.

If you're a benefit-eligible employee leaving the County, you may continue to use the Making Life Easier program through the end of the month in which you leave. If you continue County health care benefits under COBRA, you may use the program's services for the period of time you are continuing your coverage under COBRA.

The Making Life Easier program is available for 60 days to any benefit-eligible employee who is laid off from the County and for the family of an employee who has died. The 60 days of coverage for a layoff begins on the first day of the month following the date of the layoff. The 60 days of coverage for a death begins immediately.

Benefit-eligible employees on active military duty, dependent family members and anyone living in the employee's household are entitled to Making Life Easier program services while the employee is on active duty.

#### **▶** Dislocated Worker Program

If you're laid off, the King County Dislocated Worker Program offers resources and referrals to help you find other employment. Program services include assessment, referral, training, career counseling and job search assistance. Services are available at WorkSource locations in Auburn, Bellevue and Renton and at three locations in Seattle.

Contact the Dislocated Worker Program at 206-477-7000, or visit www.go2worksource.com.

#### ▶ Unemployment insurance

If you leave employment with King County for reasons other than retirement, you may qualify for unemployment insurance. To find out, contact Washington State Employment Security at 1-855-829-9243. For more information, go to www.wa.gov/esd.

#### **▶** Social Security

If you leave employment because you have a disability or are 62 or older, contact the Social Security Administration at 1-800-772-1213 regarding your eligibility for benefits before you leave. For more information, go to www.ssa.gov.

#### ▶ Medicare

You may be eligible for Medicare benefits, depending on your age and your reason for leaving employment. If you are already eligible, sign up for Medicare three months prior to your retirement date to ensure your benefits are effective by your retirement date. For more information, call 1-800-MEDICARE or visit www.medicare.gov.

# **Leaving County Employment**



If your human resources group does not have its own form for providing written notice, use this notice when you leave employment with the County. Complete the first section of this form, and be sure to update your mailing address in the space provided if you're moving. If you are retiring, please also complete the second section of this form.

Provide copies of this form to the following individuals or groups:

- Your supervisor
- Your payroll/human resources representative for payroll system data entry and delivery of your final paycheck and W-2 form, and
- Benefits, Payroll and Retirement Operations to ensure you receive notification of COBRA/retiree benefits. The address is The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333. The fax number is 206-296-7700.

| Section 1: Employee information              |                         |        |  |  |  |  |
|----------------------------------------------|-------------------------|--------|--|--|--|--|
| Last name                                    | First                   | MI     |  |  |  |  |
| PeopleSoft Employee ID                       |                         |        |  |  |  |  |
| Mailing address                              |                         | Apt No |  |  |  |  |
| City                                         | State                   | ZIP    |  |  |  |  |
| Don't mail final paycheck; instead (specify) |                         |        |  |  |  |  |
| Home phone ()                                | Other phone ()          |        |  |  |  |  |
| Home email address                           |                         |        |  |  |  |  |
| Department                                   | Division                |        |  |  |  |  |
| Work phone ()                                | Mail stop               |        |  |  |  |  |
| Last day worked (physically on job)          | Last day on paid status |        |  |  |  |  |

If your spouse/domestic partner works for King County, contact Benefits, Payroll and Retirement Operations at 206-684-1556 about coverage options under your spouse or domestic partner's benefits after you leave County employment.

If you're not retiring, please skip the next section and sign the back of this form.

| Section 2: If you're retiring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| If you're retiring, please check one of the boxes below and read the information about HRA VEBAs to understand your obligations.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| I have not formally applied for retirement, but I will apply before my last day on paid status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| I have formally applied for retirement. My effective date of retirement is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| If you have formally applied for retirement, please provide a copy of your letter from the Washington State Department of Retirement Systems or the Seattle City Employees' Retirement System acknowledging receipt of your application for retirement.                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
| If you are retiring from a group that voted to participate in the County's HRA VEBA, you must enroll in the HR VEBA Trust within the 12 months following your retirement date so your sick leave and/or vacation leave cas out will be available for eligible out-of-pocket health care costs. To do so, send the following completed documents to Benefits, Payroll and Retirement Operations: HRA VEBA Enrollment Form, a copy of your letter from the Washington State Department of Retirement Systems or the Seattle City Employees' Retirement System, and a copy of this notice. |  |  |  |  |  |
| Failure to send these documents to Benefits, Payroll and Retirement Operations within the 12 months following your retirement date will result in the forfeiture of your leave cash-out.                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| The HRA VEBA Enrollment Form is available in an enrollment kit at www.kingcounty.gov/employees/benefits/<br>Retirement/VEBA. There, you can also confirm whether you are retiring from an HRA VEBA-eligible group. If you have questions or need help, call 206-684-1556.                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Section 3: Confirming your intention to leave County employment or retire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| The information I've provided is correct and complete. I understand I must return all County-owned property pass/photo ID/keycard, keys, cell phones, special equipment, etc.) in my possession by my last day at wo further understand that if I am retiring and in a VEBA-eligible group, failure to provide Benefits, Payroll Retirement Operations a completed HRA VEBA enrollment form within the 12 months following my retiren date will result in forfeiture of my sick leave and/or vacation leave cash-out.                                                                   |  |  |  |  |  |
| Employee signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| Supervisor copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| Payroll / human resources representative copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Benefits, Payroll and Retirement Operations copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |

#### King County Deferred Compensation (457) Plan Cash-Out Authorization Form



|            |                          |           |             |                   | 9           |
|------------|--------------------------|-----------|-------------|-------------------|-------------|
| Employee:  |                          |           |             |                   |             |
| First Name | <del>-</del>             | Last Name |             | PeopleSoft Number | <del></del> |
| Email      | Home                     |           | Last day of | f                 |             |
| address:   | Phone:                   |           | Employme    | ent:              |             |
|            |                          |           |             |                   |             |
|            | at of my remaining vacat |           |             |                   |             |

I understand the cash-out of my remaining vacation and/or sick leave and/or compensation time balances will be administered as follows, when an applicable collective bargaining agreement does not require sick leave and/or vacation leave conversion into a HRA VEBA account.

Upon my retirement from King County, I am eligible to contribute my vacation cash-out to my deferred compensation account. I also am eligible to cash-out 35% of my sick leave balance (both cash-outs are dependent on the applicable collective bargaining agreement).

If I separate from King County for other reasons, I may only receive the full value of my vacation leave balance in the form of a paycheck or advice (taxable) or as a contribution to my tax deferred compensation account.

I acknowledge I may defer the maximum regular contribution limit for the calendar year, and if I am at least age 50 by the end of the year, I may contribute extra under the Age 50+ Catch-Up provision. (See <a href="http://www.kingcounty.gov/employees/benefits/deferred-comp.aspx">http://www.kingcounty.gov/employees/benefits/deferred-comp.aspx</a> for maximums.) Contributions made year-to-date will reduce the amount I am eligible to contribute.

Requests to defer the income tax of the cash-out of remaining vacation and/or sick leave accural balance must be received by the Deferred Compensation Plan Administrator at least two weeks before the last day of work. The cash-out will be processed after your final paycheck for actual hours worked is issued.

Payroll taxes, Medicare & Social Security, will be withheld at applicable rates.

If the cash-out value of my vacation and/or sick leave exceeds the amount I am eligible to tax defer at the time of retirement, the ineligible gross amount is subject to Federal Income Tax withholding as well as taxes for Social Security and Medicare. The net balance will be issued in a final paycheck or pay advice.

I authorize King County to initiate a one-time contribution to my deferred compensation account from my vacation and/or sick leave and/or compensation time as indicated below:

| Please choose Yes or No with regard to Deferred Compensation                                                                                                                                               |                   |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|--|--|--|--|--|--|
| Contribute Vacation Hours into Deferred Comp? Yes No Contribute Sick Leave Hours? Yes No Are you retiring at this time? Yes No Contribute the maximum allowable? Yes, or specify Other specified amount \$ |                   |  |  |  |  |  |  |  |
| Signature                                                                                                                                                                                                  | Date              |  |  |  |  |  |  |  |
| <b>Return completed form to</b> : King County Deferred Compensation Plan, Attn: Plan Adminsitrator 401 Fifth Ave, Suite 240, Seattle, WA 98104 Mailstop CNK-ES-O240 Phone 206-263-9250 Fax 206-296-7700    |                   |  |  |  |  |  |  |  |
| For Plan Administrator Use Only                                                                                                                                                                            |                   |  |  |  |  |  |  |  |
| YTD Contribution: Gross Payout:                                                                                                                                                                            | Amt. Contributed: |  |  |  |  |  |  |  |
| Final Paycheck PPE: Cashout PPE:                                                                                                                                                                           |                   |  |  |  |  |  |  |  |