



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2024 CITY OF FORT LAUDERDALE BENEFITS ELECTION FORM – IAFF RETIREE

Rev: 1 | Date: 08/22/2023 | Print Date: 10/06/2022

2024 OPEN ENROLLMENT FOR RETIREE BENEFITS

NO ACTION REQUIRED TO KEEP CURRENT BENEFITS.

COMPLETE AND RETURN THIS FORM ONLY IF MAKING CHANGES EFFECTIVE 01/01/2024.

All enrollment changes must be received by Benefits Section, HR by 11/15/2023.

1. Retiree Data (please print):					
LAST NAME		FIRST NAME			MI
ADDRESS		CITY		STATE	ZIP CODE
DATE OF BIRTH (MM/DD/YYYY)	CELL PHONE	WORK PHONE	GENDER: MALE	FEMALE	
EMPLOYEE ID NUMBER		EMAIL			

**** ALL RATES ARE MONTHLY ****

Have you reviewed the Health Insurance Marketplace? If not, go to www.healthcare.gov to compare rates for 2024.

2. Cigna MEDICAL Plans:			
<input type="checkbox"/> *Opt-Out/Decline (Refer to Page 2)			
IAFF RETIREE	OAPIN1 (HMO1)	OAPIN2 (HMO2)	CDHP (No HRA)
Single	<input type="checkbox"/> \$1,008.30	<input type="checkbox"/> \$917.75	<input type="checkbox"/> \$885.37
Retiree+Spouse/DP	<input type="checkbox"/> \$2,068.56	<input type="checkbox"/> \$1,916.40	<input type="checkbox"/> \$1,816.60
Retiree+Child	<input type="checkbox"/> \$1,362.14	<input type="checkbox"/> \$1,290.88	<input type="checkbox"/> \$1,181.42
Retiree+Children	<input type="checkbox"/> \$1,866.90	<input type="checkbox"/> \$1,754.59	<input type="checkbox"/> \$1,635.47
Family	<input type="checkbox"/> \$2,876.41	<input type="checkbox"/> \$2,648.18	<input type="checkbox"/> \$2,543.55
<input type="checkbox"/> ADULT CHILD (Ages 26 – 30) - Contact Benefits, HR for a <u>SEPARATE Adult Child RATE SHEET</u>			

3. Cigna DENTAL Plan:	
<input type="checkbox"/> *Opt-Out/Decline	
IAFF RETIREE	DPPO
Single	<input type="checkbox"/> \$33.36
Retiree+Spouse/DP	<input type="checkbox"/> \$60.98
Retiree+Child(ren)	<input type="checkbox"/> \$54.07
Family	<input type="checkbox"/> \$95.54

4. UnitedHealthcare VISION Plan:	
<input type="checkbox"/> *Opt-out/Decline	
VISION PLAN	
<input type="checkbox"/> \$4.95	
<input type="checkbox"/> \$9.48	
<input type="checkbox"/> \$10.04	
<input type="checkbox"/> \$15.55	

5. DEPENDENT INFORMATION: Please complete this section if you wish to add or delete a dependent. If you have any additional children to add or delete, mark here <input type="checkbox"/> and list on a separate sheet. New dependents may not be added to any plan unless there is a qualifying event or HIPAA Special Enrollment Rights. Refer to the Retiree button on the Benefits webpage at www.fortlauderdale.gov/benefits for Frequently Asked Questions, Important Notices, dependent eligibility criteria, qualifying events, and time frames.									
Add	Delete	LAST NAME	FIRST NAME	SOCIAL SEC #	DOB MM/DD/YYYY	SEX M/F	Medical	Dental	Vision
		Spouse/DP							
		Child							
		Child							
		Child							



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IMPORTANT ACKNOWLEDGMENTS

***Opting-Out/Decline or Canceling Coverage:** If you opt-out or cancel coverage, you cannot re-enroll. Any decision to decline coverage is irrevocable and you may not re-enroll at a later date.

- I authorize any licensed provider to release to the plan administrators for review, any medical, dental and vision records for me and/or my enrolled dependents.
- I have reviewed dependent eligibility criteria, documentation requirements and time frames to report qualifying event (such as new marriage/domestic partnership, divorce etc.) to the Benefits Section.
- I agree for myself and covered dependents to be bound by the benefit plans coverage terms, conditions, exclusions and limitations as specified in the certificates of coverage, summary plan descriptions and other governing documents.
- I authorize deductions from my pension to cover my designated contributions toward the cost of insurance and understand that my deductions can change if my coverage or costs change.
- Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement or claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree per Florida Statute Section 817.234. Such individuals will be removed from the plan(s).

6. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND AGREE TO THE IMPORTANT ACKNOWLEDGMENTS ON THIS ELECTION FORM.

Retiree Signature

Date

Benefit Information about 2024 Health Plans is available for your review at www.fortlauderdale.gov/benefits. All enrollment changes must be received by Benefits Section, HR by 11/15/2023. Change requests received after November 15, 2023 will not be processed.

Three (3) ways to submit this completed form (and any required documents):

1. Fax to: 954-828-5328 (Retain a copy of the fax confirmation)
2. Drop Off in Person: Contact Benefits Section, HR at 954-828-5160 to schedule a drop off time (Retain a copy, initialed by HR, as proof of receipt)
3. Mail to: City of Fort Lauderdale (Retain proof of mailing)
Attn: Benefits Section, HR
100 N Andrews Ave 3rd Floor
Fort Lauderdale, FL 33301

For questions, please contact Benefits Section, HR at 954-828-5160.

Please keep a copy of this completed form for your records and make sure you retain proof of submitting this form (i.e. fax confirmation or US postal receipt)

Check the deductions on your January 2024 pension check and report any discrepancies no later than January 12, 2024.