



## Retiree Medical Plan Waive Election Form

Employees who were hired prior to July 1, 2010 and who retired from Mecklenburg County with 10+ years of employment service are eligible to participate in the County's retiree medical plans. Spouses and dependents of retirees are eligible to be covered under all retiree medical plans offered by Mecklenburg County.

The offer to participate in a retiree medical plan is a one-time offer at the time of retirement with Mecklenburg County as their last employer. Retirees also receive a one-time offer to enroll in the Medicare-Coordinated plan when a retiree reaches Medicare eligibility. A retiree may not enroll in a County-sponsored retiree medical plan at a later date if the retiree waives coverage at any time.

The County will pay retiree medical coverage premiums, as follows:

1. Mecklenburg County retirees under age 65 with 10 but less than 20 years of qualifying service with Mecklenburg County and/or military time credited to the NCLGERS have a choice of plan options:
  - PPO plan - 50% of the total monthly premium paid by Mecklenburg County
  - HSA plan - 50% of the total monthly premium paid by Mecklenburg County
2. Mecklenburg County retirees under age 65 with 20 years or more of qualifying service with Mecklenburg County and/or military time credited to the NCLGERS have a choice of plan options:
  - PPO plan - 100% of the total monthly premium paid by Mecklenburg County
  - HSA plan - 100% of the total monthly premium paid by Mecklenburg County
3. Mecklenburg County retirees who are 65 years of age or older may participate in the County's Medicare-Coordinated plan:
  - 10-19 years of service - 50% of total monthly premium paid by the County
  - 20+ years of service - 100% of total monthly premium paid by the County
4. *Above payment terms based upon "Retiree Only" coverage level. All retirees are responsible for paying any remaining individual/dependent premiums.*

I \_\_\_\_\_ (print name) elect to waive Mecklenburg County's Retiree Medical Plan. I understand I cannot enter the County-sponsored plan at a later date.

**Retiree Signature -** \_\_\_\_\_

**Retirement Date -** \_\_\_\_\_ **Today's Date -** \_\_\_\_\_

**Employee ID -** \_\_\_\_\_