



# FULTON COUNTY EMPLOYEES RETIREMENT SYSTEM

DEPARTMENT OF FINANCE  
141 PRYOR STREET SW STE 7001, ATLANTA, GA 30303

(404) 612-7606 (Pension Office)

(404) 612-1312 (E-Fax)

pensionunit@fultoncountyga.gov (Email)

## RETIREMENT INFORMATION

### PRIOR TO YOUR LAST DAY ON DUTY, THE PENSION OFFICE NEEDS:

- COPY OF YOUR BIRTH CERTIFICATE
- COPY OF SPOUSE'S BIRTH CERTIFICATE AND SOCIAL SECURITY CARD
- COPY OF CHILDREN BIRTH CERTIFICATE  
(MINOR CHILDREN UNDER THE AGE OF 18 AND/OR COLLEGE STUDENTS UP TO AGE 26)
- COPY OF MARRIAGE CERTIFICATE
- COPY OF YOUR MEDICARE CARD, IF APPLICABLE (DISABLED OR AGE 65 OR OVER)
- COPY OF SPOUSE'S MEDICARE CARD, IF APPLICABLE (DISABLED OR AGE 65 OR OVER)
- COPY OF TERMINATION/RETIREMENT LETTER SUBMITTED TO YOUR MANAGER OR DEPARTMENT HEAD

### PRIOR COMPLETE THE FOLLOWING ENCLOSED FORMS:

- PENSION APPLICATION
- BENEFICIARY FORM
- DEDUCTION TO MAINTAIN IN RETIREMENT  
(INCLUDE DEPOSIT SLIP FOR CREDIT UNION DEDUCTIONS)
- DIRECT DEPOSIT FORM (INCLUDE A VOIDED CHECK)
- W-4 TAX WITHHOLDING FORM
- HEALTH INSURANCE ENROLLMENT FORM
- MEDICARE PART B AFFIDAVIT FORM
- LIFE INSURANCE ENROLLMENT CARD
- COPY OF SIGNED/SAVED AFFIDAVIT

**PLEASE NOTE:** Payout of your accrued vacation, holiday and/or comp time will not be directly deposited. You will receive a paper check. Please advise your payroll rep if you want your check mailed or if you will pick up your check. After you have been paid out your accrued leave balances and are off payroll, your Pension will be presented to the Pension Board for approval. The Pension Board meets the 2<sup>nd</sup> Wednesday of every month and Pension checks are paid on the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a weekend, checks will be paid on the previous business day.

#### Retiree Health Benefits Information:

As you transition from active employee to retiree and are enrolled in the Anthem (Blue Cross Blue Shield Plan), you may receive a letter advising you that your health benefits has expired as an active employee and that you may apply of Cobra. Since you are retiring from the county, please disregard that letter. Your retiree health benefits will be effective the month after your health benefits expire as an active employee. Also, please bear in mind that during this transition, there will be a delay in your health benefits coverage. *Therefore, after you have received your final pay for your accrued leave balance of vacation, holiday and/or comp time from the county. Please try to schedule your doctor's appointments after the 10<sup>th</sup> of the following month of your final pay check from the county.* ER appointments will be handled on a case by case basis. If you

have any questions regarding this process, please call .... **Retiree Benefits at (404) 612-7606 or email pensionunit@fultoncountyga.gov.**



**IMPORTANT INFORMATION FOR CASH WITHDRAWAL/ROLLOVERS FROM EMPOWER  
(FORMERLY MASS MUTUAL) 457B DEFERRED COMPENSATION ACCOUNTS**

- Empower requires that Fulton County provide the date of separation for participants before they can release 457B Account Funds. Fulton County will NOT provide separation dates until employees receive their last check as an ACTIVE employee (Pay Out of Leave Check/Final Check) from Fulton County, and are placed off payroll. The Human Resources Department updates the Payroll System with employees' employment status as being separated and Off Payroll approximately one (1) month after the last date of employment.
- Employees that are planning to retire or EXIT Fulton County and request to have their Pay Out of Leave Check (last check as an ACTIVE Employee) deferred into their 457 Account need to meet with Finance Department Payroll Staff only to verify the Pay Out of Leave Check documents are complete for processing last check as an ACTIVE employee with Fulton County.
- Employees requesting to make Federal and State Tax Adjustments with their Pay Out of Leave Check/Final Check need to meet with Payroll Staff only to verify (ALL) tax documents are complete for processing last check as an active employee with Fulton County. Please contact 404-612-7668 or 404-612-7677 or email [payrollunit@fultoncountyga.gov](mailto:payrollunit@fultoncountyga.gov), if you have any questions.
- To schedule a personal one on one meeting with an Empower Representative to review your account email [massmutual@fultoncountyga.gov](mailto:massmutual@fultoncountyga.gov) or call (404) 612-9048.



# FULTON COUNTY EMPLOYEES RETIREMENT SYSTEM

DEPARTMENT OF FINANCE  
141 PRYOR STREET SW STE 7001, ATLANTA, GA 30303

## APPLICATION FOR RETIREMENT

STANDARD    AGE PENALTY    BENEFICIARY    DISABILITY    LINE OF DIASBILITY

The undersigned does hereby apply for retirement benefits under the \_\_\_\_\_ Law, effective \_\_\_\_\_.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Department \_\_\_\_\_ Last Day on Duty \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employees Association (maintain membership) Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Spouse Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Sworn to and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Applicant Signature

### CERTIFICATE OF AUDITOR

For pension is \_\_\_\_\_ years of age, has regularly contributed to the Pension Fund of said County pursuant to law, and that they have been in the employ of Fulton County as represented in their petition

\_\_\_\_\_ years which may include prior service credit, according to Fulton County records, and that if it is satisfactorily shown to the Pension Board that the facts stated in the petition are true, then the Pension Board of Fulton County is authorized to grant to the petitioner a monthly pension in the amount of \$ \_\_\_\_\_ per month, effective \_\_\_\_\_, 20 \_\_\_\_\_.

APPROVED BY:

\_\_\_\_\_  
ATTORNEY

\_\_\_\_\_  
AUDITOR

Date: \_\_\_\_\_

Date: \_\_\_\_\_



# FULTON COUNTY EMPLOYEES RETIREMENT SYSTEM

DEPARTMENT OF FINANCE  
141 PRYOR STREET SW STE 7001, ATLANTA, GA 30303

## BENEFICIARY FORM

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
EMPLOYMENT DATE

### BENEFICIARY STATEMENT FOR SINGLE STATUS EMPLOYEES AND EMPLOYEES WITH LESS THAN TEN YEARS OF CREDITABLE SERVICE

In the event of my death before retirement and before becoming eligible for my beneficiaries to receive pension benefits, I direct that a lump sum payment of my contribution (or any undistributed balance thereof) be made to:

\_\_\_\_\_  
\_\_\_\_\_

Please include name(s), address and social security numbers of Beneficiary  
If there are no spouse or minor children, you can say "Executor of my Estate" ... include the person(s) name and address

### EMPLOYEES WITH TEN OR MORE YEARS OF CREDITABLE SERVICES

Your spouse and/or minor children under the age of 18 are automatically beneficiaries under the pension plan. It is the duty of each employee to notify the Pension division of any change in the status of beneficiaries, such as birth of children death of spouse or divorce.

Name of Spouse \_\_\_\_\_

SS# \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Minor Children Under the age of 18 Years:

Name	Date of Birth	Social Security#

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_



**DEPARTMENT OF FINANCE PENSION UNIT**

141 PRYOR STREET, S.W., SUITE 7001  
 ATLANTA, GEORGIA 30303  
 TELEPHONE (404) 612 -7606  
 Email: [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov)  
 FAX: (404) 612-1312

**DIRECT DEPOSIT/ PREPAID DEBIT CARD ENROLLMENT FORM**

As a Defined Benefit Plan retiree/beneficiary, you are now required to receive your monthly benefit payments electronically. Normal processing of paper checks was discontinued. You can enroll in electronic payments by signing up for direct deposit, which sends payments directly into your bank account or have your benefits automatically deposited into your U.S. Bank Reliacard **Prepaid Card** Visa® account. Completion of the enrollment form below is required to have your monthly benefit payments sent via direct deposit or U.S. Bank Prepaid Visa Debit Card. **Email to [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov) OR Fax to (404) 612-1312 for processing!**

**Direct Deposit**

Direct deposit is a simple, safe, and secure way to get benefits. If you wish us to send your payment to a bank or credit union account. You must provide a voided or documentation from your bank to verify to account information. You may also contact your bank to help you sign up for direct deposit.

**What is the US Bank Reliacard Prepaid Visa® Card?**

The US Bank Reliacard is a Visa prepaid debit card you can use to access your benefit payments and you don't need a bank account. With the US Bank Prepaid card program, we deposit your monthly pension payments into your card account. Your monthly funds will be available on your payment day on time. You can use the card to make purchases, pay bills, or get cash at thousands of locations and most transactions are free.

LEGAL NAME:	LAST 4 OF SSN:
EMAIL:	PHONE NO.

**SELECT ONE OF THE FOLLOWING OPTIONS:**

<input type="checkbox"/>	I choose to enroll in the Direct Deposit Program. <i>You must attach a copy of a voided check for a checking account deposit and/or documentation from your bank to verify your routing and account number.</i>		
NAME OF BANK:			
ROUTING NO. (First grouping of 9 numbers at the bottom of your check)			
PLEASE CHECK ONE BELOW:			
<input type="checkbox"/>	DEPOSIT TO MY CHECKING ACCOUNT	Attach Voided Check	ACCT. NO.
<input type="checkbox"/>	DEPOSIT TO MY SAVINGS ACCOUNT	Attach Bank Documentation	ACCT. NO.
<i>I understand that I can terminate the direct deposit of payroll by giving written notice, subject to Finance Department Payroll deadlines and be automatically enrolled in the Pay Card Program. I authorize credit entries and any adjustments to be made to my account. I understand that if my account is closed or changes are made after the payroll deadline, it will result in a delay of my direct deposit payroll funds. I also understand that if my payroll funds are returned to Fulton County I will be automatically enrolled in the Pay Card program if updated banking information is not received by the next payroll deadline. If I am automatically enrolled in the Pay Card Program, I have been provided with a list of the applicable fees associated with this account.</i>			

<input type="checkbox"/>	In lieu of the Direct Deposit Program, I hereby elect to be automatically enrolled in the US Bank Reliacard Prepaid Debit Card Program. I have been provided with a list of any applicable fees associated with this account. I authorize credit entries and any payroll adjustments to be made to my account.
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*I further understand that if I do not select an electronic payment option from above, I will be automatically enrolled in the US Bank Reliacard Prepaid Visa Debit Card Program..*

Signature of Retiree: \_\_\_\_\_ Date: \_\_\_\_\_



# DEDUCTIONS TO MAINTAIN IN RETIREMENT

(COMPLETE AND RETURN WITH APPLICATION)

## CREDIT UNION DEDUCTIONS (INCLUDE DEPOSIT SLIP FOR PROCESSING)

### A) ASSOCIATED FEDERAL CREDIT UNION (CREDI)

YES \_\_\_\_\_

NO \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

### B) EXCEL FEDERAL CREDIT UNION (CRED2)

YES \_\_\_\_\_

NO \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

### C) CITY OF ATLANTA (CRED3)

YES \_\_\_\_\_

NO \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

## US SAVINGS BOND (DEDUCTION MUST BE CURRENTLY SETUP AS AN ACTIVE EMPLOYEE)

YES \_\_\_\_\_

NO \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**Withholding Certificate for  
 Pension or Annuity Payments**

**2020**

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2020.

**General Instructions**

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2020 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2020. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

**Withholding From Pensions and Annuities**

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for  
 Pension or Annuity Payments**

**2020**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

**Complete the following applicable lines.**

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ►   
**Marital status:**  Single  Married  Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$

Your signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

Please return this completed form, along with a copy of your Medicare card, to the Fulton County Pension Office. To ensure timely processing, you are encouraged to email or fax your completed form. Email: [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov) Fax: 404-612-1312





1811104012



STATE OF GEORGIA
WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS

What is Form G-4P? Recipients of income from annuity, pension, and certain other deferred compensation plans use this form to tell payors whether to withhold income tax and on what basis.

If you itemize or claim other deductions or you and/or your spouse have more than one source of income subject to withholding or you (and your spouse if filing jointly) qualify to claim the retirement income exclusion, complete Schedule A on page 2 of this form to calculate the number of additional allowances to which you are entitled.

O.C.G.A. § 48-7-101(j) provides that recipients of non-periodic payments made on distributions from pension, annuity, or similar funds, may elect to have tax withheld on such distributions similar to recipients of periodic payments.

Personal Allowances Worksheet

- A Enter "1" for yourself if you are single and have only one pension or if you are married and have only one pension ..... A \_\_\_\_\_
B Enter "1" if your spouse has no income subject to withholding or your spouse's other income is \$1,000 or less ..... B \_\_\_\_\_
OR
C Enter "1" if you will file as head of household on your tax return ..... C \_\_\_\_\_
D Enter number of dependents (other than yourself and your spouse) ..... D \_\_\_\_\_
E Total allowances (Total of Lines A, B and D or Line C plus Line D) ..... E \_\_\_\_\_

Give this entire form (including page 2 "Schedule A") to the payor and keep a copy for your records.

Form with fields: TYPE OR PRINT YOUR FULL NAME, SOCIAL SECURITY NUMBER, HOME ADDRESS, MARITAL STATUS (Single, Head of Household, Married Filing Separate, Married Filing Joint), CITY OR TOWN, STATE, AND ZIP CODE, one spouse working, both spouses working.

Check all that apply (see note after Line 1):

- 1. [ ] I elect not to have Georgia income tax withheld from my pension or annuity. (NOTE: If you check this box, do not complete Line 2 or Line 3.)
2. [ ] I want tax withheld from each pension or annuity payment based on the number of allowances listed here and marital status indicated above.
3. [ ] I want the following additional amount withheld from each pension or annuity payment. \$ \_\_\_\_\_

Your Signature

Date



Dear Retiree:

Fulton County Government is required to comply with the enacted State Law that requires the County's participation in Systematic Alien Verification for Entitlements ("SAVE") Program. The SAVE Program is a federal Initiative designed to aid benefit-granting agencies in determining an applicant's Immigration status, and thereby ensure that only entitled applicants receive federal, state or local benefits and licenses. As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit to verify lawful presence in the United States.

All retirees receiving retirement, disability, and/or health Insurance benefits are required to complete the "Affidavit Verifying Eligibility Status for Public Benefits Form" enclosed in this letter. This affidavit must be executed in front of a notary and must be returned with a copy of one (1) secure and verifiable document from the list below to the attention of:

Fulton County Department of Finance  
Attn: Pension Unit  
Employee Benefits Division - Retirees  
141 Pryor Street S.W., Suite 7001  
Atlanta, GA 30303

Failure to comply could result in delay or suspension of your benefits. If you have questions, please contact Retiree Benefits at 404-612-7606 or via email at [Pensionunit@fultoncountyga.gov](mailto:Pensionunit@fultoncountyga.gov).

#### SECURE AND VERIFIABLE DOCUMENTS

- *An Unexpired United States Passport or Passport Card*
- *An Unexpired United States Military Identification Card*
- *An Unexpired Driver's License Issued by one of the United States*
- *An Unexpired Identification card Issued by the United States*
- *An Unexpired Tribal Identification Card of a federally recognized Native American Tribe*
- *An Unexpired US Permanent Resident Card or Alien Registration Receipt Card*
- *An Unexpired Employment Authorization Document that contains a photograph of the bearer*
- *An Unexpired Merchant mariner Document or Credential Issued by U.S. Coast Guard*
- *An Unexpired Free and Secure Trade (FAST) card*
- *An Unexpired Certificate of Citizenship Issued by the United States Department of Citizenship*
- *An Unexpired Certificate of naturalization issued by the United States Department of Citizenship*
- *An Unexpired Passport Issued by a Foreign Government provided that such passport is accompanied by a United States Department of Homeland Security ("DHA") Form I-94A, DHS Form I-94W, or other federal form specifying on individual's lawful presence Under Federal Immigration law.*

*Please return this completed form, along with a copy of your Medicare card, to the Fulton County Pension Office. To ensure timely processing, you are encouraged to email or fax your completed form. Email: [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov) Fax: 404-612-1312*

**Fulton County Government**  
**Affidavit Verifying Eligibility Status for Public Benefit(s)**



Pursuant to the *Georgia Security and Immigration Compliance Act* of 2006 (Senate Bill 529.GSICA), every agency administering or providing public benefits is responsible for determining U.S. citizenship or lawful alien status of applicants for said benefits. (O.C.G.A. § 50-36-1)

By executing this affidavit under oath, as an applicant for a retirement, disability, and/or health insurance benefits, the undersigned applicant verifies one of the following with respect to his/her application for a public benefit from Fulton County Government.

1. \_\_\_\_\_ I am a United States citizen.
2. \_\_\_\_\_ I am a legal permanent resident of the United States.
3. \_\_\_\_\_ I am a qualified alien or non-immigrant under the *Federal Immigration and Nationality Act* with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure verifiable document listed below, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An Unexpired **United States Passport or Passport Card**
- An Unexpired **United States Military Identification Card**
- An Unexpired **Driver's License** issued within the United States
- An Unexpired **identification card** issued within the United States
- An Unexpired **Tribal Identification Card** of a federally recognized Native American Tribe
- An Unexpired **US Permanent Resident Card or Alien Registration Receipt Card**
- An Unexpired **Employment Authorization Document** that contains a photograph of the bearer
- An Unexpired **Merchant Mariner Document or Credential** issued by U.S. Coast Guard
- An Unexpired **Free and Secure Trade (FAST) Card**
- An Unexpired **Certificate of Citizenship** issued by the United States Department of Citizenship
- An Unexpired **Certificate of Naturalization** issued by the United States Department of Citizenship
- An Unexpired **Passport issued by a Foreign Government** provided that such passport is accompanied by a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.

**The secure and verifiable document provided with this affidavit can best be classified as:**  
(list document and provide a copy) \_\_\_\_\_

***In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.***

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
—  
Signature of Applicant

\_\_\_\_\_  
—  
Printed Name of Applicant

Subscribed and sworn before me on this the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



**CHECK YOUR RETIREMENT PLAN**

**401A (New Plan)** \_\_\_\_\_ **(DB) Defined Benefit (Old Plan)** \_\_\_\_\_

**Retiree/Beneficiary Health Benefits Enrollment Form**

INFORMATION ABOUT YOU						
Retiree Name (First Name, Last Name):				Social Security #:		
Are you age 65 or older / Medicare Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Retiree Home Address:						
Street:			City:		Zip:	
			State:			
Home Phone:			Cell Phone:		Email:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Date of Hire: ___/___/___		Date Retired: ___/___/___	
Are you eligible for Medicare?			<input type="checkbox"/> Part A / Effective date: ___/___/___ <input type="checkbox"/> Part B / Effective date: ___/___/___			
Is your spouse eligible for Medicare?			<input type="checkbox"/> Part A / Effective date: ___/___/___ <input type="checkbox"/> Part B / Effective date: ___/___/___			
Is your or your spouse's Medicare coverage related to end-stage renal disease? <input type="checkbox"/> Yes <input type="checkbox"/> No						
YOUR HEALTH PLAN OPTIONS						
Medical Plan Coverage Tier (Select One):						
<input type="checkbox"/> Retiree Only		<input type="checkbox"/> Retiree + Spouse		<input type="checkbox"/> Retiree + Child(ren)		
<input type="checkbox"/> Family		<input type="checkbox"/> Waive Coverage				
<b>Medical Plan Options—Retirees Under Age 65: (Non-Medicare) SELECT ONE MEDICAL PLAN</b> <input type="checkbox"/> HSA Plan (Anthem BlueCross BlueShield) <input type="checkbox"/> HMO Plan ((Anthem BlueCross BlueShield) <input type="checkbox"/> POS Plan (BlueCross BlueShield of Georgia) <input type="checkbox"/> HMO Plan (Kaiser Permanente)			<b>Medical Plan Options—Retirees Age 65 or Older: (Medicare) SELECT ONE MEDICAL PLAN</b> <input type="checkbox"/> Basic Medicare Advantage Plan (Aetna) * <input type="checkbox"/> Enhanced Aetna Medicare Advantage Plan (Aetna)* <input type="checkbox"/> Medicare Indemnity Plan (Anthem BlueCross BlueShield) <input type="checkbox"/> Medicare HMO Plan (Anthem BlueCross BlueShield) <input type="checkbox"/> Senior Advantage Medicare Plan (Kaiser) <input type="checkbox"/> PPO Plus Plan (Anthem BCBS —current participants only) Closed  <b>* To enroll in the Basic Aetna Medicare Advantage Plan or the Enhanced Aetna Medicare Advantage Plan for the first time, please contact Aetna directly: (800) 307-4830.</b>			
Dental Plan (SELECT ONE DENTAL PLAN)						
<input type="checkbox"/> Comprehensive Dental PPO Plan		<input type="checkbox"/> Dental HMO Plan - Primary Dentist Office ID _____ (Required)				
Dental Plan Coverage Tier (Select One):						
<input type="checkbox"/> Retiree Only		<input type="checkbox"/> Retiree + Spouse		<input type="checkbox"/> Retiree + Child(ren)		
<input type="checkbox"/> Family		<input type="checkbox"/> Waive Coverage				
Vision Plan Coverage Tier (Select One):						
<input type="checkbox"/> Retiree Only		<input type="checkbox"/> Retiree + Spouse		<input type="checkbox"/> Retiree + Child(ren)		
<input type="checkbox"/> Family		<input type="checkbox"/> Waive Coverage				
INDIVIDUALS TO BE COVERED*						
Name (Last, First, M.I.)	Social Security #	Sex (M or F)	Birthdate (mm/dd/yyyy)	Disabled, before age 19?	Currently covered by Medicare?	Dependent Coverage Option (If Retiree is enrolled in Aetna Medicare Advantage Plan)
Self				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Spouse				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<b>Anthem</b> <input type="checkbox"/> Medicare Indemnity Plan <input type="checkbox"/> Medicare HMO Plan
Child				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Child				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Child				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
If any of your dependents listed above live at an address that is different than yours, please complete the following:						
Name(s)			Address(es)			
<i>When enrolling dependents for the first time, you must submit with this enrollment form supporting documentation appropriate for the relationship of the dependent to you (e.g., marriage certificate, birth certificate, adoption placement papers, court-ordered child health coverage support affidavit, physician verification of permanent disability).</i>						
IF YOU ARE DECLINING COVERAGE						
By completing this section, I acknowledge that I was given the opportunity to enroll for 2021 Fulton County health care coverage and am choosing not to enroll in one or more of the above benefit plans. I understand that if my dependents or I wish to enroll at a later date for any of the coverage(s) I have declined, I / they will be required to submit a new Enrollment Form and coverage may be subject to late enrollee provisions, as allowed by law and as directed by my employer.						
Reason for refusal: (Please check all that apply)			FOR OTHER COVERAGE			
<input type="checkbox"/> Other group coverage sponsored by my employer <input type="checkbox"/> Other group coverage sponsored by my spouse's employer <input type="checkbox"/> Other group coverage sponsored by another organization <input type="checkbox"/> Other reasons (Please explain below)			Carrier:		Plan Number:	
			Telephone Number:			
Retiree Signature			Date			

I hereby authorize a deduction to be made from my pay or drafted from my bank account on file (if applicable) as my share of the premium cost, as authorized by the Fulton County Board of Commissions. I certify the above information is true and correct and I am entitled to the coverage requested. I declare that all statements and information made hereon are complete and true to the best of my knowledge, I understand that any misstatements or omissions may void all coverage applied for any member on this application on a retroactive basis for up to two (2) years from the contract effective date.

**Please return this completed form, along with a copy of your Medicare card, to the Fulton County Pension Office. To ensure timely processing, you are encouraged to email or fax your completed form. Email: [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov) Fax: 404-612-1312**

# Benefits Quick Guide for the 2021 Plan Year



## 2021 Monthly Premium Rates: Retirees

### Pre-65 (Non-Medicare-Eligible) Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
<b>Retired 2016 and Later</b>						
<b>ANTHEM HSA PLAN</b>						
Retiree	\$799.20	\$819.20	\$199.80	\$179.80	80%	20%
Retiree + 1	\$1,527.76	\$1,547.76	\$381.94	\$361.94	80%	20%
Family	\$2,038.37	\$2,058.37	\$509.59	\$489.59	80%	20%
<b>ANTHEM POS PLAN</b>						
Retiree	\$956.26	\$976.26	\$318.75	\$298.75	80%	20%
Retiree + 1	\$1,765.06	\$1,785.06	\$588.35	\$568.35	80%	20%
Family	\$2,394.89	\$2,414.89	\$798.30	\$778.30	80%	20%
<b>ANTHEM HMO PLAN</b>						
Retiree	\$839.44	\$859.44	\$279.81	\$259.81	80%	20%
Retiree + 1	\$1,549.37	\$1,569.37	\$516.46	\$496.46	80%	20%
Family	\$2,102.33	\$2,122.33	\$700.78	\$680.78	80%	20%
<b>KAISER HMO PLAN</b>						
Retiree	\$613.54	\$633.54	\$153.39	\$133.39	80%	20%
Retiree + 1	\$1,172.85	\$1,192.85	\$293.21	\$273.21	80%	20%
Family	\$1,566.25	\$1,586.25	\$391.56	\$371.56	80%	20%



## 2021 Monthly Premium Rates: Retirees

### Age 65+ (Medicare-Eligible) Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
<b>Retired 2016 and Later</b>						
<b>BASIC AETNA MEDICARE ADVANTAGE PLAN</b>						
Retiree	\$174.06		\$43.51		80%	20%
Retiree + 1	\$348.11		\$87.03		80%	20%
Family	\$522.17		\$130.54		80%	20%
<b>ENHANCED AETNA MEDICARE ADVANTAGE PLAN</b>						
Retiree	\$174.06		\$80.13			Buy-up
Retiree + 1	\$348.11		\$160.27			Buy-up
Family	\$522.17		\$240.40			Buy-up
<b>KAISER SENIOR ADVANTAGE PLAN</b>						
1 Member	\$148.02		\$37.00		80%	20%
2 Members	\$296.03		\$74.01		80%	20%
3+ Members	\$444.05		\$111.01		80%	20%
<b>ANTHEM MEDICARE HMO PLAN</b>						
Retiree	\$659.70		\$164.92		80%	20%
Family	\$1,246.15		\$311.54		80%	20%
<b>ANTHEM MEDICARE INDEMNITY PLAN</b>						
Retiree	\$473.06		\$157.69		75%	25%
Family	\$1,211.93		\$403.98		75%	25%

### Split Rates

Retirees and dependents may be enrolled in different plans, depending on Medicare eligibility. All Medicare-eligible retirees and dependents are enrolled in age 65+ plans. If you have enrolled dependents who are not yet eligible for Medicare (typically, those under age 65), they are enrolled in a pre-65 plan. This means that some retirees and dependents will be enrolled in different plans. This is also referred to as a "split family."



## Pre-65 (Non-Medicare-Eligible) Monthly Dental Plan Premiums

Coverage Tier	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Retiree	\$16.97	\$34.62
Retiree + 1	\$33.11	\$70.99
Family	\$54.33	\$93.09

## Age 65+ (Medicare-Eligible) Monthly Dental Plan Premiums

Coverage Tier	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Retiree	\$16.97	\$34.62
Family	\$39.43	\$78.81

## Vision Premiums

	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
<b>EYEMED VISION PPO PLAN</b>				
Retiree	\$7.24	\$5.24	58%	42%
Retiree + 1	\$7.24	\$5.24	58%	42%
Family	\$7.24	\$5.24	58%	42%

## Medical Plan Comparison

Pre-65 Medical Plans		Anthem HSA Plan		Anthem POS Plan		Anthem HMO and Kaiser HMO Plans
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Annual deductible</b>	Retiree	\$1,500	\$3,000	\$500	\$1,000	No deductible
	Retiree + 1	\$3,000	\$6,000	\$750	\$1,500	
	Family	\$3,000	\$6,000	\$1,000	\$2,000	
<b>Annual out-of-pocket maximum</b>	Retiree	\$3,000	\$6,000	\$2,000	\$4,000	\$6,450
	Retiree + 1	\$6,000	\$12,000	\$3,000	\$6,000	\$12,900
	Family	\$6,000	\$12,000	\$4,000	\$8,000	\$12,900
<b>Coinsurance</b>		10%	40%	20%	40%	100% covered
<b>Preventive care</b>		100% covered, no deductible	40% after deductible	100% covered, no deductible	40%	100% covered
<b>Office visit</b>		10% after deductible	40% after deductible	PCP: \$30 Specialist: \$50	40% after deductible	PCP: \$25 Specialist: \$40
<b>Emergency room</b>		10% after deductible	10% after deductible	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)	\$150 copay (waived if admitted)
<b>Urgent care</b>		10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$50 copay

65+ Medical Plans	Basic Aetna Medicare Advantage Plan	Enhanced Aetna Medicare Advantage Plan	Anthem Medicare HMO Plan (in-network only)	Anthem Medicare Indemnity Plan	Kaiser Senior Advantage Plan
<b>Annual deductible</b>	None	None	None	Retiree: \$100 Family: \$200	None
<b>Annual out-of-pocket maximum</b>	\$1,000	None	Retiree: \$7,350 Family: \$14,700	None	\$1,000
<b>Preventive care</b>	100% covered	100% covered	100% covered	100% covered after Medicare	100% covered
<b>Emergency room services</b>	\$65 copay (waived if admitted)	100% covered	\$90 copay	100% covered after Medicare	\$65 copay
<b>Doctor's office visit</b>	\$15 copay	100% covered	\$25 copay	100% covered after Medicare	\$15 copay

**Medical Claims Adjudication for Medicare-Eligible Retirees/Beneficiaries assumes Part B enrollment.** For the purposes of the calculation and adjudication of benefits, even if you have not enrolled in Medicare Part B, the claims administrator (Anthem) will calculate benefits as if you had enrolled.

To avoid the late enrollment premium penalty and the potential increased claims liability, you are encouraged to enroll in Medicare Part B when you first become eligible. The Part B subsidy (which is half of the base premium for Part B enrollment) will be applied once a copy of your card is received in our office.