Public Agency Retirement System (PARS)

Paraprofessional Staff

SAN FRANCISCO SFUSD
UNIFIED SCHOOL DISTRICT

Human Resources Department
April 2007
Paraprofessionals Retirement Process:

Phone the Benefits section of the Human Resources Department at 241-6101, ext. 3389, 3243 or 3250 to schedule an appointment. You will be given the necessary forms to complete your retirement application, as noted below.

- **Retirement Notice Form** - will be supplied by the Benefits Department (attached)

- **HSS application to continue Health/ Dental Coverage for retired STRS, PERS & SFUSD Paraprofessional employees (sample attached)**

  The SFUSD Benefits Department will provide you with this application form to continue health (medical) coverage for retired classified staff. This form indicates to HSS that you are a qualified retiree from the District and that your retiree medical premiums will be subsidized by us.

- **Request for Distribution Public Agency Retirement Services Alternate Retirement System (PARS-ARS)” form (sample attached)**
  
  - The Request for distribution form is processed by PARS, and a PARS Distribution Package is mailed to the Participant (process may take 3-4 weeks depending on the last day of service)
  
  - Upon receipt of all correctly completed forms, a distribution of the participant’s PARS account will be made by the PARS trustee. (PARS allows up to 90 days for the alternate retirement system plan and up to 60 days from the target benefit plan).

- **Eligibility for Retiree Benefits**

  1. This provision shall only be applicable to unit members who retire after July 1, 2008. For unit members hired before July 1, 2006, your vesting period for benefits is seven (7) years beginning in July 1, 2006. Each July 1st following the vesting period shall be increased by one (1) year until the vesting period reaches ten (10) years.

  2. For unit members hired on or after July 1, 2006, your vesting period is (10) years.
**Dental Coverage** As a retiree, you may elect to continue your Delta dental coverage through HSS or through the District. Both plan years are based on a July through June fiscal year.

- If you continue coverage through the District, your maximum coverage for a calendar year is **$1,500.00** and the cost is **$84.75** per month payable on the 1st of every month. You may continue on the District Delta Dental through COBRA continuation for eighteen (18) months. The District does not have a billing system so you will be responsible for mailing in your premiums

  - OR -

- If you select coverage through HSS, your maximum Delta dental coverage for a calendar year is **$1,000.00**. Employees may enroll in one of the 3 dental plans offered to retirees by the HSS (listed below). The details of the plans are listed in the HSS Benefits Information and Enrollment Guide for retired employees.

<table>
<thead>
<tr>
<th>Dental plans offered by HSS are:</th>
<th>Delta Dental</th>
<th>Delta PMI</th>
<th>Pacific Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Premium Rates are:</td>
<td>Retiree Only</td>
<td>$36.90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retiree + 1 Dependent</td>
<td>$ 73.86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retiree + 2 or More Dependents</td>
<td>$111.57</td>
<td></td>
</tr>
</tbody>
</table>

(Premium rate subject to change on July 1st of each year).
RETIREMENT NOTICE

Dear Sir/Madam:

With the submission of this RETIREMENT FORM to the San Francisco Unified School District, I register my intent to retire from active employment on the date recorded below through the plan indicated:

EFFECTIVE DATE OF RETIREMENT: _________________________________
(As of the close of the day) Month Day Year

Application for retirement will be through the plan below (CIRCLE one):

STATE TEACHERS’ RETIREMENT SYSTEM (STRS)

PUBLIC AGENCY RETIREMENT SYSTEM (PARS)

Social Security

SAN FRANCISCO EMPLOYEES RETIREMENT SYSTEM (SFERS)

COMPLETE INFORMATION REQUESTED:

Name (Print): _____________________________________________________________

Last    First     MI

Social Security No: ___________________________ Birth date: _________________

Mailing Address: _________________________________________________________

________________________________________________________________________

City   State   Zip

Home Phone: ____________________________ Work Location: _______________________

Signature: _______________________________________________________________

Date Signed
Request for Distribution
Public Agency Retirement Services
Alternate Retirement System
(PARS - ARS)

To:  Phase II, PARS Trust Administrator
     PO Box 12919
     Newport Beach, CA  92658
     (949) 854-2100  (800) 540-6369 (outside 949)
     (949) 823-9900 fax

From:  San Francisco Unified School District
     555 Franklin Street, 2nd Floor
     San Francisco, CA  94102

This is to advise you that our employee:

Legal Name of Participant _______________________________________________
Address of Participant ___________________________________________________
City ___________________________ State __________ Zip_____________________
Phone (       ) ___________________________ Birthdate ________________________
Social Security Number ___________________________ Sex _________

_____ Terminated employment with us effective __________________, _______
_____ Retired on ________________________, ______
_____ Became permanently and totally disable on __________________, ______
_____ Changed employment status to a position covered by another retirement system on
     ________________________, ________
_____ Died on ________________, ________

(There is an executed beneficiary statement in favor of _____________________)

Please determine the benefits due the above employee/ beneficiary and arrange for payment of
such benefits.

____________________________         ___________________________
Signature of Plan Administrator                Date
HEALTH SERVICE SYSTEM APPLICATION TO CONTINUE HEALTH/DENTAL COVERAGE FOR RETIRED STRS, PERS & PARS EMPLOYEES

<table>
<thead>
<tr>
<th>Last Name (please print)</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth</th>
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<tbody>
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<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone No.</th>
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<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Department or District</th>
<th>Retirement Effective Date</th>
</tr>
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<tbody>
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</tbody>
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- [ ] Male
- [ ] Female

[ ] State Teachers Retirement System (STRS Form MS556 must accompany)
  - [ ] Service Retirement
  - [ ] Disability Retirement
  - [ ] Disability Leave (eligible for Service Retirement at age 60)

[ ] Public Employees Retirement System (PERS Form 171 must accompany)
  - [ ] Service Retirement
  - [ ] Disability Retirement

[ ] Public Agency Retirement System
[ ] SFUSD Social Security Paraprofessional

Please indicate which plans you wish to continue:

- Health Plans:
  - [ ] Blue Shield
  - [ ] City Health Plan
  - [ ] PacifiCare
  - [ ] Kaiser
  - [ ] No Coverage

- Dental Plans:
  - [ ] Delta
  - [ ] PMI
  - [ ] Pacific Union
  - [ ] No Coverage

[ ] Active employee Dental Plan (Through COBRA program): Employee who currently have dental coverage through the Health Service System or their District may continue the same active employee group coverage under COBRA for up to 18 months. School or College District employees must contact their district office to apply. Dental coverage through the COBRA program may be cancelled at any time, but conversion to a retiree dental plan may be made only after the 18 month period expires or during a subsequent open enrollment period.

[ ] Retiree Dental Plan (Application must accompany): Employees who have dental coverage through the Health Service System or their District as active employees may enroll in any of the dental plans offered to retirees through the Health Service System.

If you and/or a family member are 65 years of age and are eligible for Medicare Part A on a premium free basis, you and/or the family member must apply for both Parts A and B of Medicare. If you have not already submitted your Medicare record to this office, please send a copy of the Medicare card showing enrollment in both parts as soon as possible.

If you are enrolled in a health maintenance organization, you must be enrolled in their Medicare managed care program. If you are not currently enrolled, you must complete a separate application to enroll.

If you and/or your family member are 65 and are not eligible for Medicare Part A on a premium free basis, we must have a statement of non-eligibility from Social Security Administration.

If you do not elect to continue health and/or dental coverage through the Health Service System, you may only be readmitted to the Health Service System effective July 1st of each year provided application is made during an annual open enrollment period.

I agree to pay my monthly contributions each month in advance by deduction from my pension check. If the amount of my pension check is not sufficient to cover my monthly contributions, or if I do not receive a monthly pension check, I agree to pay my monthly contributions in advance directly to the Health Service System.

Signature of Applicant ____________________________ Date ____________________________
Frequently Asked Questions for Paraprofessional Retirees

1. **How do I know if I qualify for District subsidized benefits?**

   A. Retirees who were previously excluded from retiree benefits (approximately 77) because they chose membership in the Social Security System are eligible for subsidized retiree health benefits so long as the unit member was employed on July 1, 2005.

   B. For paraprofessionals who were hired before July 1, 2006, the vesting period for district-subsidized medical benefits through HSS is seven (7) years beginning in July 1, 2006. Each July 1st following, the vesting period shall be increased by one (1) year until the vesting period reaches ten (10) years. However, this provision shall not be applicable to unit members who retire on or before July 1, 2008. The vesting periods are set out in Article 13.22 of your collective bargaining agreement.

   C. For paraprofessionals who were hired on or after July 1, 2006, the vesting period for district-paid medical benefits is ten (10) years.

2. **Do I have to continue with the same medical plan that I had prior to my retirement?**

   As a retiree, you may continue with the same medical plan or select another offered by HSS. PARS or Social Security paraprofessional retirees submit the required premium payments directly to HSS.

3. **Can I add dependents to my medical coverage?**

   No, Article 13.20 of the collective bargaining agreement between UESF and SFUSD covering classified personnel specifies that PARS retirees are eligible for employee-only medical coverage. Although the District will only subsidize employee-only medical coverage, you may be able to add dependents at your own expense, subject to approval by the Health Service System.

4. **What if I don't receive my PARS packet within the allotted 3-4 weeks?**

   Please contact PARS at (800) 540-6369

5. **What is Medicare?**

   Medicare is a federal government health insurance program for people sixty-five (65) years or older who are eligible to receive Social Security benefits.

   Medicare has three parts. Part A is for hospital insurance. In most cases, you do not have to pay for Medicare Part A coverage if you are eligible to receive Social Security Benefits.
Part B covers the cost of physician and other medical provider services. You must pay a monthly premium to the Social Security Administration for Medicare Part B. For information on the new Medicare Part D which provides prescription drug coverage, please contact Health Services or the Social Security Administration.

6. **How do I know if I qualify for Medicare?**

   - If you are receiving Social Security benefits, the Social Security Administration will notify you prior to your sixty-fifth (65th) birthday regarding your eligibility for Medicare.

   - If you are not currently receiving Social Security benefits, it is your responsibility to contact the Social Security Administration prior to your sixty-fifth (65th) birthday to apply for Medicare. Failure to do so could result in penalties being assessed by the Social Security Administration and the Health Service System. Retirees who do not apply for Medicare will not be allowed to continue benefits in any of the HSS HMO plans.

   - If you have a permanent disability or you have kidney disease requiring hemodialysis or transplant, you should contact the Social Security Administration immediately to apply for Medicare.

To get information about Medicare eligibility and enrollment, call the Social Security Administration, the federal agency responsible for handling Medicare. You can reach them at 1(800) 772-1213 (TTY: 1(800) 325-0778) or visit them at the office most convenient for you. The location of these offices can be found in the blue government pages of your local phone book. You can also obtain information from the Social Security Administration Official website at www.ssa.gov and click on Medicare Information.

7. **What are the Health Service System rules for Medicare Participation?**

All retired members who have reached the age of 65 are required to apply for Medicare. It is the responsibility of the member to notify the Health Service System of Medicare eligibility. Failure to apply for Medicare may result in the cancellation of your benefits.

8. **If I have questions about my health benefits during retirement, who should I call?**

If you have questions regarding your medical and/or dental coverage, please contact HSS at (415) 554-1750. For questions regarding your District dental benefits, please phone (415) 241-6101, ext. 3389.