



2020 Early Retirement Incentive Request Form

Health Benefits Adjustment for Eligible Retirees – 20% Monthly Medical Premium

Individuals approved for the Early Retirement Incentive health benefits adjustment would pay only the equivalent of 20% of the active employee premium for their selected County retiree medical plan (for under age 65 options) or 20% of the actual retiree premium for over age 65 (i.e. Medicare) plan options, for a period of two years. Cost to the retiree would be similar to the active employee benefit deductions (although paid monthly instead of biweekly), except for the Kern Legacy Share Select plan, where the employee contribution is waived/reduced for active employees.

Employee Name _____ Employee ID # _____

E-mail _____ Daytime Phone _____

(initial) I understand that I must enter active retirement (i.e. separate my employment from the County and not with deferred retirement) on or before September 30, 2020. I understand that I am fully responsible to ensure my eligibility for retirement with Kern County Employees' Retirement Association (KCERA) and to complete all required paperwork and processes to retire from County of Kern.

(initial) I understand that, if approved for this benefit, I would be required to enroll in a County of Kern retiree medical plan product in order to receive the incentive; there is no cash value and this benefit is not portable to non-County medical plans. I understand that eligibility rules, costs, and coverage for County retiree medical plans are different than active employee plans. Dental and vision are not included.

(initial) I understand that approval of my request and participation in the Early Retirement Incentive health benefits adjustment must result in a budgetary savings for my department and is subject to approval by both my department head and the Chief Human Resources Officer, at their discretion.

Employee Signature

Date

Department Head Review and Signature of Approval

(initial) I certify that my department will delete or hold vacant and unfunded the above employee's position for the required period of two years without backfill and that my department will fully fund all vacation, sick leave, or other accrual payouts for this employee with existing appropriations.

Department Head Signature

Date

Chief Human Resources Officer Signature of Approval

Chief Human Resources Officer Signature

Date

