

NAME:
 SS#:
 RETIREMENT DATE:
 DATE OF ESTIMATE:



TRANSITION PLAN PARTICIPANTS

IF YEARS OF SERVICE ARE 20.0 OR GREATER @ 4/1/95:

Years of Service	Age @ Benefit Commencement	Years of Service 4/1/95 note below	Age @ 4/1/1995 DOB:
[REDACTED]	0.000	#REF!	[REDACTED] 0.000

MONTHLY RETIREE CONTRIBUTION			
RETIREE PAYS:			
Please initial in the box that represents your coverage selection			
Single	Individual & Spouse	Individual & Dependent	Family
#REF!	#REF!	#REF!	#REF!
CITY PAYS			
#REF!	#REF!	#REF!	#REF!

_____ I the undersigned wish to decline coverage at this time. I understand that regardless of my current coverage, I will be allowed to reenter the City of Gainesville' Health Insurance Plan only one time at any time in the future. I understand that I have the option to opt-out of the plan one time and will be allowed to re-enter the City of Gainesville's Health Insurance Plan only one time at any time in the future. At the time of re-entry, my age at benefit commencement will be changed to reflect the age of my most recent benefit commence. I am only allowed to re-enter the Health Insurance Plan once. After this one re-entry, I will not have the option to re-enter the plan

_____ I the undersigned have been advised of the present premium structure applicable to my participation in the City of Gainesville's Health Insurance Plan as a retired employee or an employee receiving a termination benefit based upon at least 10 years of credited service. I have been further advised of particular provisions applicable to my participation under these circumstances. I understand that the terms and conditions of the Plan, Premium Structure, and the City's contribution towards the premium cost, are subject to change. In particular, the estimated premium payment, (retiree) shown above, will likely be slightly different from the amount initially due, as a result of differences between estimated credited service and actual credited service. I understand that I have the option to opt-out of the plan one time and will be allowed to re-enter the City of Gainesville's Health Insurance Plan only one time at any time in the future. At the time of re-entry, my age at benefit commencement will be changed to reflect the age of my most recent benefit commence. I am only allowed to re-enter the Health Insurance Plan once. After this one re-entry, I will not have the option to re-enter the plan

 Retiree/Eligible Participant Signature

Note: Verify years service 4/1/95 if employee had breaks in service; critical for employees with RTS and Gas Company where the city acquired them (10/5/81 RTS; 1/10/90 Gas); value returned in Cell D19 will not reflect prior service credit