EGUSD | ELK GROVE UNIFIED SCHOOL DISTRICT

RETIREMENT NOTICE FORM

Certificated Positions

Name:	**EIN:**
Position:	**Site:**
Home Email:	**Home/Cell Phone:**
Home Address:	

STEPS FOR RETIREMENT

1. Contact Cal STRS at (800) 228-5453 or www.calstrs.com or visit their office in-person located at CalSTRS, 100 Waterfront Place, West Sacramento, CA 95605 to speak with a counselor.

2. Confirm your EGBERT eligibility by going to egusd.net/EGUSD Employees/Benefits. Complete the Elk Grove Benefits Trust Health Insurance Eligibility Request form and submit to the Payroll & Benefits Department for review/approval. Contact Payroll & Benefits at (916) 686-7778 if you have questions.

3. Please give extended notice of retirement to Human Resources and site administration to allow time to secure your replacement. If you plan to retire at the end of the school year, please make every attempt to provide notice prior to winter break to better inform staffing for the following year.

4. Submit this Retirement Notice Form to Human Resources.

SECTION 1 - LAST PAID WORK CALENDAR DAY

☐ **I INTEND TO FULFILL MY CONTRACT** for the current school year.	My LAST PAID **WORK CALENDAR** DAY will be: _____/_____/_____
OR	
☐ **I DO NOT INTEND TO FULFILL MY CONTRACT** for the current school year.	My LAST PAID **WORK CALENDAR** DAY will be: _____/_____/_____

If you do not work the entire school year you may be overpaid at the time of retirement. Your annual salary is calculated and distributed based on the school year, July through June. The Payroll & Benefits Department will send you a letter and request repayment, should an overpay of salary occur. For more information, contact Payroll & Benefits in advance at (916) 686-7788.

☐ Initial **IMPORTANT: I understand that in order to properly leave the service of the district a replacement for my position must be secured.**

Ed Code 44420 (a): If any person employed by a school district in a position requiring certification qualifications refuses, without good cause, to fulfill a valid contract of employment with the district or leave the service of the district without the consent of the superintendent, if any, or the governing board, of the district except in the manner provided for by law, the commission may, after proof of this fact is made to it, take an adverse action on the credential holder but may not suspend the credential for more than one year or revoke the credential.

Ed Code 44433: If any teacher employed by a board of school trustees for a specified time, leaves the school before the expiration of the time, without the consent of the trustees, in writing, the teacher is guilty of unprofessional conduct, and the board of education of the county, upon receiving notice of the fact, may suspend the certificate of the teacher for the period of one year.

SECTION 2 – TYPE OF RETIREMENT

(Choose One)

☐ SERVICE ☐ DISABILITY

SECTION 3 - LAST PAID NON-CONTRACTUAL DAY

☐ I will NOT be working additional non-contractual days on timesheet (i.e. Summer School, Intercession).

OR

☐ I will be working additional non-contractual days on timesheet (i.e. Summer School, Intercession).	My LAST PAID **NON-CONTRACTUAL** DAY will be: _____/_____/_____

Continued

SAMPLE

ELK GROVE UNIFIED SCHOOL DISTRICT

CLASSIFIED RETIREMENT NOTICE FORM

Name:	**EIN:**
Position:	**Site:**
Home Email:	**Home/Cell Phone:**
Home Address:	

STEPS FOR RETIREMENT

1. Contact CalPERS at (888) 225-7377 or www.calpers.ca.gov or visit their office in–person located at 400 Q Street, Sacramento, to speak with a counselor.

2. Confirm your EGBERT eligibility by going to egusd.net/EGUSD Employees/Benefits. Complete the Elk Grove Benefits Trust Health Insurance Eligibility Request form and submit to the Payroll & Benefits Department for review/approval. Contact Payroll & Benefits at (916) 686-7778, if you have questions.

3. Complete this notice or write a letter of intent to retire and submit to Human Resources. Please be sure to include your last day of work with Elk Grove Unified School District. (To determine the "Last Day of Employment" as compared to "Last Paid Work Day", please see below for CalPERS purposes and EGBERT purposes.)

CalPERS RETIREMENT: For CalPERS purposes, "Last Paid Work Day" may include the last day of Paid Leave or paid Vacation, whichever date is later. It does not include unpaid leave days.
EGBERT ELIGBILITY: For EGBERT eligibility purposes, "Last day of Employment" means last paid work day, or approved paid leave day including vacation, or approved unpaid leave day, whichever date is later. (EGBERT eligible employees must retire through CalPERS within 90 Days of their "Last Day Employment" with the District.)

4. Any remaining vacation hours will be paid out to you approximately 2 months after separation date. Remaining sick leave will automatically be transferred into CalPERS or can be donated to the Catastrophic Leave Bank. If you would like to donate your sick leave hours, please call Human Resources at (916) 686-7788 for next steps or email your request to leaves@egusd.net.

5. NOTICE OF POTENTIAL OVERPAYMENT - EGUSD calculates and distributes your annual salary based on the school year, July through June. If you do not work the entire school year and depending on your work calendar, you may be overpaid at the time of resignation (if you did not have any workdays in July, this is probable). The Payroll & Benefits Department will send you a letter and request repayment, should an overpayment of salary occur. For more information, contact Payroll & Benefits at (916) 686-7788.

TYPE OF RETIREMENT (Choose One)

☐ SERVICE ☐ DISABILITY

LAST PAID CONTRACTED DAY

_____ /_____ /_____

SIGNATURE AND DATE

I understand that my retirement is voluntary and following acceptance by the Superintendent/ Superintendent's designee cannot be revoked.

_____ _____

Employee Signature Date

RETURNING TO SUBSTITUTE

A 180-calendar day waiting period is required for all employees who retire from a public employer before a retiree can return to work (without rescinding retirement). The 180-calendar day waiting period starts from the first day of retirement. Please refer to the CalPERS website for more information and exemptions. If you would like to substitute after the 180-calendar day waiting period, please contact EGUSD Substitute Services team at subservices@egusd.net for next steps. If eligible for rehire, all new hire paperwork will need to be completed.

SAMPLE

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name

2. Date ☐☐ / ☐☐ / ☐☐☐☐

3. Employer's Address

City

State ☐☐

Zip Code ☐☐☐☐☐

4. Applicant's Name

5. Applicant's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

6. Employee's Name

7. Employee's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
☐☐ / ☐☐☐☐

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)
☐☐ / ☐☐☐☐

5. When did the employee work for your company?

From: (mm/yyyy) ☐☐ / ☐☐☐☐

To: (mm/yyyy) ☐☐ / ☐☐☐☐

Still Employed: (mm/yyyy) ☐☐ / ☐☐☐☐

6. If you're a large group health plan and the applicant is entitled, please list the timeframe (all months) that your group health plan was primary payer.

From: (mm/yyyy) ☐☐ / ☐☐☐☐

To: (mm/yyyy) ☐☐ / ☐☐☐☐

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No

2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No

3. Date reserve hours ended or will be used? (mm/yyyy)
☐☐ / ☐☐☐☐

All Employers:

Signature of Company Official

Date Signed ☐☐ / ☐☐ / ☐☐☐☐

Title of Company Official

Phone Number (☐☐☐) ☐☐☐ – ☐☐☐☐

SAMPLE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Form Approved
OMB No. 0938-1230
Expires: 01/25

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number
   ☐☐☐☐ – ☐☐☐ – ☐☐☐☐

2. Your Name (Last Name, First Name, Middle Name)

3. Mailing Address (Number and Street, PO Box, or Route)

4. City | State ☐☐ | Zip Code ☐☐☐☐☐

5. Phone Number (Including Area Code) (☐☐☐) ☐☐☐ – ☐☐☐☐

6. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

7a. Do you currently have (or did you have) coverage through an employer or union group health plan? (If yes, complete 7c.) ☐ YES ☐ NO

7b. Are you currently (or were you) an international volunteer for a non-profit organization and have or had health coverage provided to you? (If yes, complete 7c.) ☐ YES ☐ NO

7c. Enter dates of employment (or volunteer work) and health coverage below. (Enter all dates as MM/YYYY)

Dates you (or your spouse) worked for employer that provided health coverage:	Dates of health coverage from employer (or non-profit organization)	Dates you worked as a volunteer outside the U.S.:
Start Date: ☐☐/☐☐☐☐	Start Date: ☐☐/☐☐☐☐	Start Date: ☐☐/☐☐☐☐
Ending Date: ☐☐/☐☐☐☐	Ending Date: ☐☐/☐☐☐☐	Ending Date: ☐☐/☐☐☐☐
Not ended ☐	Not ended ☐	Not ended ☐

8. Has an employer, health insurance provider, or other entity requested or required you to enroll in Part B? (If yes, explain how and why in the Remarks section, and include proof or documentation with this form.) ☐ YES ☐ NO

9. Remarks:

SAMPLE

10. Written Signature (DO NOT PRINT) **SIGN HERE**	11. Date Signed ☐☐ / ☐☐ / ☐☐☐☐

IF THIS APPLICATION HAS BEEN SIGNED WITH A MARK OR AN (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

12. Signature of Witness	13. Date Signed ☐☐ / ☐☐ / ☐☐☐☐

14. Address of Witness (Street Number and Name, City, State, Zip)

Elk Grove Benefits Employee Retirement Trust
Members of the Board:

JD Watson, EGEA Co-Chair
Eleanor Averitt, AFSCME
Edgard Baltodano, ATU
Rocio Galvan, CSEA
Theresa Gannon, PSWA
Brian Patterson, NUHW
David Reilly, Management Co-Chair
Ronald Brewer, Management
Kristen Coates, Management
Bindy Grewal, Management
Amreek Singh, Management
Mark Vierra, Management

COMPLIANCE WITH EGBERT MEDICARE REQUIREMENT – NEW RETIREE

Congratulations on your retirement! Our records indicate that you and/or a covered dependent will be Medicare eligible upon your retirement from EGUSD. In accordance with the EGBERT Summary Plan Description and Retiree Agreement, retirees/dependents shall at age 65, or upon other eligibility enroll in Medicare Parts A & B.

So, what do you need to do?

1. You will receive a completed form from the district titled **"REQUEST FOR EMPLOYMENT INFORMATION"**. To avoid late enrollment penalties, you need to submit this form to Social Security at the same time you enroll in Medicare Parts A & B.
2. Provide EGBERT with evidence that you and/or your dependent are eligible and enrolled in Medicare. A copy of the Medicare Card showing effective dates for both Parts A & B is sufficient. If there is a delay receiving the card, a letter from Social Security with effective dates for Parts A & B and a Medicare number can be substituted.
3. Return completed enrollment form(s) for your chosen EGBERT Medicare coordinated plan.

Enclosed with this packet you will find an enrollment form for the Medicare Advantage plan which corresponds with the health plan you are currently enrolled in. If you wish to switch plans, waive your EGBERT medical benefits, or participate in Private Pay Reimbursement, please notify our office so we may provide you with the proper form(s).

**** <u>All</u> EGBERT forms, your enrollment form(s), and a copy of your Medicare Card should be turned into the EGBERT office no later than <u>15 days prior</u> to your EGBERT effective date. ****

<u>To enroll in Medicare Parts A & B</u>:

- You can call 1-800-772-1213 to schedule an appointment.
- Go online at www.socialsecurity.gov .
- Visit your local Social Security Office. This is typically the best option for those who do not have 40 quarters but may qualify through a current/former spouse or may need to pay a premium for Part A.
- Those eligible for Railroad Retirement Board (RRB) benefits should contact the RRB @ 1-877-772-5772.

<u>Please do not</u> enroll in an INDIVIDUAL Part D Drug Prescription Plan. Medicare Part D is included with your enrollment on our Medicare Advantage Plans. Individual enrollment outside of your EGBERT group insurance will jeopardize your Group Plan Insurance.

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2027 EGBERT Medicare Plan Options* and Monthly Costs

* Retirees and dependents must be in related plans. If you wish to switch plans, your dependent must follow suit. *

Plan	Retiree Only	Retiree +1 – Both Medicare	Retiree +1 – Medicare/Non-Medicare
Kaiser Sr. Advantage	$0.00	$0.00	$683.13
Kaiser Sr. Advantage - Low	$0.00	$0.00	$586.51
Kaiser-NW Sr. Advantage (Parts of OR/WA)	$61.98	$123.96	$443.01
Anthem Medicare Advantage PPO	$45.86	$91.72	-----
Anthem Medicare Advantage PPO & Sutter Health Plan	-----	-----	$862.55
Anthem Medicare Advantage PPO & WHA	-----	-----	$202.90

SAMPLE

Amounts due to EGBERT and premiums due to Medicare are separate bills. Premiums due to Medicare are to be paid for by the retiree, dependent, and/or spouse directly to Social Security.

If you do not enroll in Medicare Parts A & B when first eligible or do not pay your Medicare bill timely:

- **Permanent late penalties incurred from Medicare.**
- **Delay in enrollment, termination, or a lapse in coverage of your chosen insurance plan.**
- **Additional charges by your chosen insurance plan resulting in a significant increase to your monthly EGBERT bill.**
- **Termination of your EGBERT benefits.**

When you receive your Medicare card, please forward a copy along with your completed enrollment form(s) to the EGBERT Office at: **9297 OFFICE PARK CIRCLE, SUITE 110, ELK GROVE, CA 95758**.

Please note if you have additional medical coverage: *The federal agency Centers for Medicare & Medicaid Services (CMS) will not allow you to be enrolled in more than one Medicare plan at a time. If you have additional coverage,* ***please contact the EGBERT Office to discuss your options****.*

Office Hours: Tuesday, Wednesday, Thursday – 9am to 3pm

EGBERT Monthly Rates

Effective: January 1, 2027 through December 31, 2027

***Rates under "Retiree Pays" include monthly Retiree Contributions**

"EGBERT Pays" amounts include premiums for Dental and Vision

****For CSEA members retired on/after 7/1/2010, EGBERT pays the Retiree Only amount**

DESCRIPTION	In Area Plans	Retiree Pays*	Out of Area Plans	Retiree Pays*
Non-Medicare				
Retiree Only	Kaiser HMO	728.99	KaiserNW (Parts of OR/WA)	426.89
EGBERT Pays $1,098.35	Sutter Health Plan + TruHearing	862.55		
	Western Health Adv (WHA)	202.90		
Retiree + 1	Kaiser HMO	1,457.81	KaiserNW (Parts of OR/WA)	853.61
EGBERT Pays $2,196.87	Sutter Health Plan + TruHearing	1,724.65		
	Western Health Adv (WHA)	405.80		
Family	Kaiser HMO	2,801.69	KaiserNW (Parts of OR/WA)	2,156.95
EGBERT Pays $2,196.87	Sutter Health Plan + TruHearing	3,179.40		
	Western Health Adv (WHA)	1,313.54		
Medicare				
Retiree Only	Kaiser Senior Advantage	0.00	KaiserNW Sr Adv (Parts of OR/WA)	61.98
EGBERT Pays $442.12	Kaiser Sr Adv LOW	0.00	Anthem Medicare Preferred PPO	45.86
	Anthem Medicare Preferred PPO	45.86		
Retiree + 1	Kaiser Senior Advantage	0.00	KaiserNW Sr Adv (Parts of OR/WA)	123.96
EGBERT Pays $884.24	Kaiser Sr Adv LOW	0.00	Anthem Medicare Preferred PPO	91.72
	Anthem Medicare Preferred PPO	91.72		
1 Non-Medicare+1 Medicare				
Retiree + 1	Kaiser HMO + Senior Adv	683.13	KaiserNW + NW Sr Adv	443.01
EGBERT Pays $1,586.33	Kaiser HMO + Senior Adv LOW	586.51	(Parts of OR/WA)	
	Sutter Health + Anthem PPO	862.55		
	WHA + Anthem PPO	202.90		

Cost for Additional Dependents:

	CSEA + 1	CSEA FAMILY	FAMILY
DENTAL	$76.00	$135.00	$59.00
VISION	$10.00	$18.00	$8.00
TOTAL	**$86.00**	**$153.00**	**$67.00**

**See CSEA rate sheet for dependent medical costs

Retiree Contribution – 2027: $202.90 per each non-Medicare retiree and dependent

Medicare Part B – 2026: The current Part B base rate is $202.90 per month. Higher income beneficiaries pay an additional income-based surcharge (IRMAA) to Social Security.

Medicare Part D: While Part D is included in EGBERT plans, higher-income beneficiaries pay an income-based surcharge (IRMAA) to Social Security.

Elk Grove Benefits Employee Retirement Trust
EGBERT

STEPS TO RETIREMENT WITH EGUSD

1. **Deciding**
   Approximately 3 months prior to your anticipated retirement date, contact your Retirement System; **Public Employee Retirement System (CalPERS) or State Teachers Retirement System** (CalSTRS). Set up an appointment with a counselor to discuss your pension and decide on an appropriate retirement date.

2. **Retirement Dates**
   Your first day of retirement with CalPERS/STRS must be no later than 90 calendar days following your last day of employment with EGUSD. (Example: If last day of employment is May 29, 2026, then first day of CalPERS/STRS retirement must be no later than August 27, 2026).

3. **Notifying EGUSD**
   Once a date of service retirement has been determined, submit a Certificated/Classified Retirement Notice (form on EGUSD website) to Elk Grove Unified School District's Human Resources Department.

4. **Retiring with CalPERS/STRS**
   File a retirement application with the applicable retirement system (CalPERS or CalSTRS).

5. **EGBERT Eligibility**
   The EGUSD Benefits Department will receive a document from Human Resources with your retirement date. The Benefits staff will determine if you are eligible for continuation of benefits through EGBERT. If you qualify for EGBERT, Benefits will send you a letter and EGBERT will mail you a packet of forms to enroll. To comply with regulations, all benefit eligible employees are also sent a COBRA letter. You can ignore the COBRA letter for members who will be enrolling in an EGBERT plan.

6. **Medicare**
   - If you and/or your dependent are eligible for Medicare at the date of retirement, you will need to have proof of enrollment from the Social Security Administration (SSA) in Medicare for both Hospital (Part A) and Medical (Part B) effective the 1st of the month of your eligibility in order to enroll in an EGBERT medical plan.
   - Most people are eligible for Medicare the 1st of the month when they turn 65. You may be eligible earlier if you are deemed disabled by the SSA. Contact the SSA for further information regarding your eligibility.
   - Apply for Medicare online at www.ssa.gov or call 1-800-772-1213.
   - The Benefits Department will provide you with *(CMS-L564) Request for Employment Information Form* for each enrolled person over age 65. Submit this form to SSA with your Medicare application to avoid late enrollment penalties.
   - Do you have Part A but need Part B? EGBERT will include the (CMS 40B) *Application for Medicare Part B* in your enrollment packet or, you can download the form from SSA.
   - **Failure to enroll timely in Medicare Parts A & B may result in an increased cost of your EGBERT premiums and may also result in a higher cost for your Medicare Part B.**

7. **EGBERT Enrollment**

Your benefits with EGUSD will end and your EGBERT benefits will start the 1st of the month following your last day of employment. The EGBERT office will assist you with the re-enrollment process. Contact our office at 916-684-7120, 9am to 3pm on Tuesday, Wednesday, Thursday.

- Your enrollment packet will include forms to continue with the same medical coverage as you have had as an active employee. If you wish to make a change, please check the Forms section EGBERT website **www.egbertbenefits.com** or contact the office.
- The enrollment packet includes a cover letter with a check list. Complete all the forms you receive in your packet and return by the 15th of the month prior to your EGBERT effective date. If you have a question, leave the section blank and check with our office.
- If you/your spouse are Medicare eligible, proof of enrollment in Medicare Part A (Hospital) and Part B (Medical) must be submitted along with the medical plan enrollment forms prior to the month of eligibility. We are unable to enroll a member in a Medicare plan retroactively to a prior month.
- Your CalPERS/STRS letter to confirm your retirement will probably be the last of the required documents to be received. Do not wait until it is received to submit your forms, provide us with everything else and then submit the letter when it is received.
- Return all completed forms in person (appointment advised), by email at **egbertbenefits@gmail.com**, by fax 916-478-9884, or by US mail.

It is imperative you complete the documents that EGBERT sends to you as soon as possible. Failure to complete the documents in a timely manner may result in the lapse of your medical coverage.

ELK GROVE BENEFITS EMPLOYEE RETIREMENT TRUST
EGBERT Office
9297 Office Park Circle Suite 110
Elk Grove, CA 95758
Phone: 916-684-7120 Fax: 916-478-9884
Office Hours: Tuesday, Wednesday & Thursday 9am to 3pm
Email address: egbertbenefits@gmail.com Web Site: www.egbertbenefits.com

Elk Grove Unified School District Human Resources Dept.		916-686-7795
Elk Grove Unified School District Benefits Dept.		916-686-5085
CalPERS	1-888-225-7377	www.calpers.ca.gov
CalSTRS	1-800-228-5453	www.calstrs.com
Social Security Admin. Apply for Medicare through SSA	1-800-772-1213	www.ssa.gov