



This packet provides you specific information to help you make decisions regarding your upcoming retirement. Please read through this document completely. If you have unanswered questions please contact:

[Kate.Blackwood@slcgov.com](mailto:Kate.Blackwood@slcgov.com)

801-535-6303

[Jodi.Langford@slcgov.com](mailto:Jodi.Langford@slcgov.com)

801-535-6610

### **Utah Retirement System (URS)**

Your monthly retirement benefit is provided by the URS, not the City. You must contact the URS at 801-366-7770 within 90-days of your retirement date. You may request an appointment with a Retirement Counselor who will help you complete your paperwork. The URS allows you to retire on the 1<sup>st</sup> or 16<sup>th</sup> of any month. You must be off City payroll prior to the retirement date you choose (1<sup>st</sup> or 16<sup>th</sup>). You can visit [www.urs.org](http://www.urs.org) for more information. **You must contact the URS directly at 801-366-7770 if you have questions regarding your monthly retirement benefit.**

### **Final Leave Time Payout Estimate**

You may contact your Payroll Personnel Administrator (PPA) for an **estimate** of your leave time payout. Your payout will consist of the following:

- Vacation hours are paid at 100%
- Personal Leave, Plan A Sick Leave and Plan B Retirement/Layoff (R/L Account) hours are paid as per your Union Contract or Compensation Plan. Those documents can be found on the City's Intranet under the Human Recourses Portal.

You may choose to maximize your HSA, 401(k), 457, IRA annual contributions out of your final leave time payout. Please complete the Contribution Designation Form (attachment #1) and send to Connie Franey in the Payroll Division, email: [connie.franey@slcgov.com](mailto:connie.franey@slcgov.com) or Inter-office mail to Connie Franey at Box 5451. **The IRS does not allow employee contributions into the Nationwide 501c9 Plan.**

### **Final Leave Time Payout Federal/State Taxes**

You may complete a W-4 (attachment #2) stating the % of Federal tax you would like withheld from your leave time payout; otherwise the default will be based on your withholding percentage based on your previous bi-weekly payroll. You may want to check with your tax advisor since this may impact your tax liability. State tax withholding is 5%.

### **Final Paychecks**

You will receive your normal direct deposit paycheck for any **regular** hours worked or used on the normal bi-weekly pay date schedule. You will also receive a separate direct deposit check for your final payout of leave time on that same pay date. You may designate on the Contribution Designation Form (attachment #1) to have your check stub sent to your personal email or mailed to your home.

**Maximizing your Health Savings Account (HSA) (if applicable)**

You may contribute money from your last payout of leave time into your HSA. First you must login to your HSA bank account at [www.hsabank.com](http://www.hsabank.com) to see what your current year to date contribution is. Your HSA bank account reflects your contribution each payday. **If you have questions, please contact PEHP's HSA Department at 801-366-7503.** You may contribute up to the maximum amount below:

HSA Annual Limits	Calendar Year 2016
Single Medical Coverage	\$3,350.00
Double or Family Medical Coverage	\$6,750.00
Age 55 or older during the year	Additional \$1,000.00

If you would like to contribute into your HSA (not to exceed annual limit) from your final payout, complete the attached Contribution Designation Form (attachment #1). You are responsible to the IRS for any contributions over the annual limit.

**Medical Flexible/Limited Spending Account (if applicable)**

Your blue Benefit Card will be shut off. You have 60-days to submit claims for reimbursement or you may elect COBRA which will allow you to submit claims through the end of the plan year. You can find the claim form by logging into "MyPEHP" at [www.pehp.org](http://www.pehp.org). **Please contact PEHP's Flex Department at 801-366-7503 to elect COBRA and answer questions.**

**Dependent Day Care Flexible Account (if applicable)**

You have 60-days to submit claims for expenses incurred up through your last day on the payroll.

**Maximizing your 401(k), IRA and/or 457 Deferred Compensation Plan (if applicable)**

You may contribute money from your last payout of leave time into your 401(k), IRA and/or 457 Deferred Compensation Plan (if applicable). You may contribute the maximum less the total amount you have contributed during the current calendar year. **Please contact the URS 401(k)/457 Department at 801-366-7720 if you have questions.**

401(k) and 457 Annual Limits	2016
Age 49 and under	\$18,000
Age 50 and older	Additional \$6,000
Roth or Traditional IRA Annual Limit	2016
Age 49 and under	Up to \$5,500
Age 50 and older	Additional \$1,000

If you choose to take the Partial Lump Sum Option (PLSO) offered through the URS and roll it into your 401(k), it will not count toward your annual contribution limit.

### Medical Coverage

Insurance ends on the last day of the 2-week **Insurance Period** (attachment #3) not pay period in which your last day on the payroll falls. The City no longer offers retiree health insurance. Below are some healthcare options:

- **COBRA:** If you are under age 65 you may continue your medical coverage for you and individuals you cover (under age 65) at the time you retire for up to 18-months (or up to age 65, or gain other coverage whichever event comes first) under COBRA. You will receive a COBRA notification and enrollment form and rates (attachment #4) directly from PEHP. Your coverage will continue once you enroll and pay your premium back to the date your active coverage ended.
- **Federal Marketplace:** You may also want to compare medical plans available through the Federal Marketplace. Visit [www.healthcare.gov](http://www.healthcare.gov) or contact one of the independent agents (attachment #5). They can help you compare plans that best meet your needs.
- **Medicare Supplement:** If you or your spouse is 65 or older you are not eligible for COBRA. You may enroll in one of PEHP's Medicare Supplement Plans, Pharmacy and/or Vision Plans. **Please contact PEHP Customer Service at 801-366-7555.** A representative will explain each of the plans and rates. They will give you an option to enroll over the phone or they will mail you a packet explaining the plans including an enrollment form.

### Dental Coverage

- **COBRA:** Regardless of age, you may continue your current dental coverage for you and individuals you cover at the time you retire for up to 18-months under COBRA. You will receive a COBRA notification and enrollment form and rates directly from PEHP. Your coverage will continue once you enroll and pay your premium back to the date your active coverage ended.
- **PEHP Retiree Dental:** Age 65 or older, you may enroll in one of PEHP's two dental options.

**Contact PEHP Customer Service at 801-366-7555.** A Representative will explain each of the plans. They will give you an option to enroll over the phone or they will mail you a packet explaining the plans including an enrollment form.

### Employee Basic/Additional Term Life Insurance

You may continue up to 25% of your Term Life Policy by contacting PEHP's Customer Service at 801-366-7495.

### Spouse/Dependent Term Life Insurance

There is no option to continue coverage.

### PEHP Accidental Death & Dismemberment/ Accident Policies

There is no option to continue coverage.

### SLC Voluntary Benefits

If you are enrolled in any of the voluntary benefits, below are available options:

#### **MetLife - Critical Illness, Hospital and/or Accident coverage:**

Continuation of coverage is available upon retirement at group rates. For more information contact MetLife at 1-800-438-6388.

**Hyatt Legal Plan:**

Continuation of coverage is available for 30-months after you retire. Upfront payment is required and Hyatt must be contacted within 30-days from the date you retire. To continue coverage, call Hyatt's Client Service Center at 1-800-821-6400.

**VSP Vision Plan:**

Coverage under the group plan will terminate upon retirement. To discuss what individual plan options are available, please contact VSP at 1-800-877-7195.

**VPI/Nationwide Pet Insurance:**

Continuation of coverage is available upon retirement at group rates. Call VPI/Nationwide to discuss your billing options at 1-877-263-6008.

**Purchasing Power:**

Any orders actively being deducted from your paycheck upon retirement will need to be paid off via an alternative payment option. To discuss your options, call Purchasing Power at 1-800-903-0801.

**LifeLock Identity Theft:**

Continuation of coverage is available upon retirement at group rates. Call LifeLock to discuss your billing options at 1-800-543-3562.

**MetLife Group Auto & Home:**

Policies will remain active upon retirement. Group discounts available through Salt Lake City will continue after retirement. Call MetLife directly to discuss your billing options at 1-800-438-6388.

**Liberty Mutual Auto & Home:**

Policies will remain active upon retirement. Group discounts available through Salt Lake City will continue after retirement. Call Liberty Mutual to discuss your billing options at 1-800-216-0521.

**Long Term Care Insurance (LTC Solutions):**

Policies will remain active upon retirement. If you are enrolled in Long Term Care Insurance you will need to make arrangements to continue payment for your coverage. Contact LTC Solutions at 877-286-2852 for more information.

**Nationwide Post Employment Health Plan (501c9)**

After you have separated from employment, you are eligible to access your Nationwide 501c9 account. You may request **reimbursement** for eligible medical, dental or vision expenses or premiums. You will receive a claim form along with a brochure from Human Resources within two weeks after your retirement date. Make copies of the claim form for future reimbursement requests. **You may contact Nationwide at 1-877-677-3678 if you have any questions.** There is an option for monthly direct deposits for premium reimbursements by marking the monthly box on the form and submitting copies of documents substantiating your monthly payment.

**Employee Assistance Program**

You and your eligible family members may continue the EAP for 18-months from your retirement date. You will receive an EAP COBRA form and rates from Human Resources approximately two weeks from your retirement date.

**UTA Transit Pass (EcoPass)**

There are no options to keep your UTA pass. To avoid being charged, you must turn your pass into your PPA or Human Resources no later than your last day of work.

## Contribution Designation Form

Send this form to [connie.franey@slcgov.com](mailto:connie.franey@slcgov.com) or Interoffice mail to Box 5451

Connie must receive this form no later than 2 weeks prior to your final payout date

I authorize Salt Lake City to deduct the following from my final payout:

Please contribute \$\_\_\_\_\_ into my Health Savings Account (HSA)

Please contribute \$\_\_\_\_\_ into my URS 401(k) Plan

Please contribute \$\_\_\_\_\_ into my URS Traditional IRA

Please contribute \$\_\_\_\_\_ into my URS Roth IRA

\*Please contribute \$\_\_\_\_\_ into my 457 Deferred Compensation Plan

Circle the 457 Vendor you want your contribution to go to below:

Voya (ING)

Empower (Great West)

Nationwide 457

ICMA

URS

Please refer to your pay check stub for the name of your 457 vendor

Please email my final paycheck stub to \_\_\_\_\_

Or

Mail my final check stub to \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Employee ID# from paycheck stub \_\_\_\_\_ Date \_\_\_\_\_

**\*If you contribute into 457, this form must be dated the month prior to your payout.**

# Attachment #2 Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2016</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶			Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

### Attachment #3

Insurance coverage periods are different than Pay-periods. Your insurance ends on the last day of the 2-week Insurance Period in which your last day on the payroll falls.

## 2016 INSURANCE PERIODS

01-10 to 01-23  
01-24 to 02-06  
02-07 to 02-20  
02-21 to 03-05  
03-06 to 03-19  
03-20 to 04-02  
04-03 to 04-16  
04-17 to 04-30  
05-01 to 05-14  
05-15 to 05-28  
05-29 to 06-11  
06-12 to 06-25  
06-26 to 07-09  
07-10 to 07-23  
07-24 to 08-06  
08-07 to 08-20  
08-21 to 09-03  
09-04 to 09-17  
09-18 to 10-01  
10-02 to 10-15  
10-16 to 10-29  
10-30 to 11-12  
11-13 to 11-26  
11-27 to 12-10  
12-11 to 12-24  
12-25 to 01-07

# Salt Lake City



2016 – 2017



## Monthly COBRA Rates

### SUMMIT STAR MEDICAL

Single	\$ 364.54
Double	\$ 820.20
Family	\$1093.60

### PREFERRED CHOICE DENTAL

Single	\$ 39.42
Double	\$ 79.62
Family	\$104.02

### PREMIUM CHOICE DENTAL

Single	\$ 46.40
Double	\$ 93.68
Family	\$122.48



## **AGENT CONTACT LIST**

You can use your own insurance agent or choose one of the independent agents below to assist you in finding health care coverage

Ettie Martinez, Insurance Agent  
Nash Insurance Agency  
385-234-6754 Salt Lake City  
435-655-3610 Park City  
[ettie@nashinsurance.com](mailto:ettie@nashinsurance.com)

Dave Koller, Marketplace Specialist  
HealthMarkets Insurance Agency  
801-787-5240 (P) 801-405-0100 (F)  
[dkoller@healthmarkets.com](mailto:dkoller@healthmarkets.com)

Mike Deru, Insurance Agent  
Fringe Benefits Analysts  
801-546-6004  
[mderu@fbabenefits.com](mailto:mderu@fbabenefits.com)

Llana Anderson, Insurance Agent  
RKW & Associates  
801-860-8745  
[llanamarieand@gmail.com](mailto:llanamarieand@gmail.com)

Bobbie Gibbons, Owner Agent  
Lakeside Insurance  
801-718-3683  
[lakesideinsures@gmail.com](mailto:lakesideinsures@gmail.com)