



LAKE COUNTY BOARD OF COMMISSIONERS INSURANCE DEPARTMENT

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, IN 46307
PH. 219/755-3211 • FAX 219/755-3897
219/755-3212



DATE:-----

DEAR:-----

WE HAVE JUST RECEIVED NOTICE THAT YOU ARE ELIGIBLE TO APPLY FOR RETIREE BENEFITS AS OFFERED THROUGH THE LAKE COUNTY INSURANCE PLAN. MEDICAL, DENTAL AND VISION COVERAGE WILL REMAIN THE SAME AS THE CURRENT PLAN. IN ORDER TO CONTINUE YOUR GROUP COVERAGE AS A RETIREE, YOU MUST PAY THE PREMIUM WITHIN 45 DAYS OF YOUR LAST DAY OF COVERAGE AS AN ACTIVE EMPLOYEE. THE EFFECTIVE DATE FOR YOUR COVERAGE IF YOU ELECT TO PARTICIPATE IN THE RETIREE BENEFIT PLAN WILL BE:

- AT \$90.00 FOR SINGLE COVERAGE OVER AGE 65
- AT \$165.00 FOR FAMILY COVERAGE OVER 65
- AT \$125.00 FOR SINGLE COVERAGE UNDER AGE 65
- AT \$200.00 FOR FAMILY COVERAGE UNDER AGE 65

RETIREES AND DEPENDENTS MUST CARRY MEDICARE A&B WHEN ELIGIBLE. YOUR LIFE INSURANCE BENEFITS AS A RETIREE WILL BE \$5,000.00 DEATH BENEFIT FOR BASIC LIFE ONLY UNTIL YOU REACH THE AGE OF 70. NO AD&D (ACCIDENTAL DEATH AND DISMEMBERMENT) NOR DEPENDENT LIFE BENEFITS ARE AVAILABLE FOR RETIREES. IF YOU REQUIRE MORE INFORMATION CONCERNING YOUR CURRENT LIFE INSURANCE AMOUNT, PLEASE CALL OUR OFFICE AT 755-3211 DURING THE HOURS OF 8:30 A.M. TO 4:30 P.M.

NOTE: IF YOU DECIDE TO CONTINUE THIS COVERAGE, THE PREMIUM PAYMENT WILL BE DUE IN THIS OFFICE NO LATER THAT THE 15TH DAY OF THE MONTH PRIOR TO THE MONTH DUE. YOU WILL NOT BE SENT A NOTICE WHEN THE PREMIUM IS DUE.

MAKE CHECKS PAYABLE TO: LAKE COUNTY BOARD OF COMMISSIONERS. CHECK SHOULD INDICATE THE RETIREE'S NAME AND THE MONTH, WHICH YOU ARE PAYING THE PREMIUM FOR.

RETIREE INSURANCE CONTINUATION FORM

NAME

DATE OF BIRTH

LAST FOUR SSN

SPOUSE NAME

DATE OF BIRTH

LAST FOUR SSN

I WILL CONTINUE ON INSURANCE AFTER MY RETIREMENT

I WILL NOT CONTINUE ON INSURANCE AFTER MY RETIREMENT

ADDRESS

TELEPHONE NUMBER

CELL PHONE NUMBER

TO BE COMPLETED BY INSURANCE:

HIRE DATE

TERMINATION DATE

LAST PAY DATE

AMOUNT OF PREMIUM

FREE AFTER 65? YES NO CIRCLE ONE

COVERAGE EFFECTIVE DATE

NOTE: IT IS THE RETIREE'S RESPONSIBILITY TO NOTIFY INSURANCE WHEN HE/SHE
TURNS 65.

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

I authorize the LAKE COUNTY TREASURER to electronically debit my below listed account (and, if necessary, electronically credit my account to correct erroneous errors) as follows:

Checking Account / Savings Account (select one) at the depository institution named below. I agree that the ACH transaction I authorize complies with all applicable law.

DEPOSITORY NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

AMOUNT OF DEBIT _____

START DATE _____ FREQUENCY: MONTHLY

I understand this authorization will remain in full force and effect until I notify the LAKE COUNTY TREASURER or LAKE COUNTY INSURANCE DEPARTMENT in writing that I wish to revoke this authorization. I understand that LAKE COUNTY requires at least thirty (30) days prior notice to cancel this authorization.

NAME PRINTED: _____

SIGNATURE: _____

DATE: _____

RETURN FULLY COMPLETED FORM IN PERSON OR BY MAIL TO:

LAKE COUNTY BOARD OF COMMISSIONERS

INSURANCE DEPARTMENT

2293 N. MAIN ST.

CROWN POINT, IN 46307



LAKE COUNTY HUMAN RESOURCES DEPARTMENT

Danielle D. Royster, MBA, Human Resources Director
LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, IN 46307

To: Lake County Government Retirees

From: Lake County Board of Commissioners

RE: Life Insurance Past the Age of 70

Dear Retirees:

The Lake County Board of Commissioners is offering our Lake County retirees an opportunity to continue their life insurance. **For a premium of \$60.00 pre year, a retiree may continue to have \$5,000 for life insurance after the age of 70 for the rest of retiree's life, if the retiree meets the following criteria.**

- You must have 25 years of continuous service
- You must be over the age of 65

If you are interested please contact Rickeyta Dancy in the Lake County Human Resource Department. A payment of \$60.00 payable to "Lake County Board of Commissioners" will be required.

Please feel free to call 219-755-3212 if you should have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Rickeyta Dancy".

Rickeyta Dancy
Benefits Coordinator