

2022 JPOFFHIT Retiree Rate Worksheet

Check the box confirming your retiree benefits plan elections and tier below. This form must be returned **within 30 days** following your retirement date with valid benefit elections or else it will be assumed you are waiving coverage and your coverage will be dropped. **Please email completed forms to Questions@jpoффhit.org**

Legal Name: _____

Department (JSO, JFRD, Corrections): _____

Employee ID: _____

Retirement Date: _____

Personal Email: _____

Phone Number: _____

MEDICAL	UF Direct Health	Blue Care 65	Blue Care 48	BlueOptions 5782
Per Pay Period Costs				
Employee Only	<input type="checkbox"/> \$201.21	<input type="checkbox"/> \$208.70	<input type="checkbox"/> \$221.23	<input type="checkbox"/> \$253.56
Employee + Spouse	<input type="checkbox"/> \$412.35	<input type="checkbox"/> \$429.29	<input type="checkbox"/> \$455.34	<input type="checkbox"/> \$521.45
Employee + Child(ren)	<input type="checkbox"/> \$386.14	<input type="checkbox"/> \$399.86	<input type="checkbox"/> \$424.17	<input type="checkbox"/> \$485.70
Employee + Family	<input type="checkbox"/> \$598.73	<input type="checkbox"/> \$638.61	<input type="checkbox"/> \$676.99	<input type="checkbox"/> \$775.29
Waive Medical	<input type="checkbox"/>			
DENTAL	Base DHMO	Silver DPPO	Gold DPPO	Platinum DPPO
Per Pay Period Costs				
Employee Only	<input type="checkbox"/> \$6.11	<input type="checkbox"/> \$9.70	<input type="checkbox"/> \$15.52	<input type="checkbox"/> \$19.92
Employee + Spouse	<input type="checkbox"/> \$10.69	<input type="checkbox"/> \$19.41	<input type="checkbox"/> \$31.05	<input type="checkbox"/> \$39.85
Employee + Child(ren)	<input type="checkbox"/> \$12.82	<input type="checkbox"/> \$24.63	<input type="checkbox"/> \$39.43	<input type="checkbox"/> \$50.54
Employee + Family	<input type="checkbox"/> \$18.92	<input type="checkbox"/> \$33.15	<input type="checkbox"/> \$53.02	<input type="checkbox"/> \$68.03
Waive Dental	<input type="checkbox"/>			
VISION	Basic Vision	Premier Vision		
Per Pay Period Costs				
Employee Only	<input type="checkbox"/> \$2.45	<input type="checkbox"/> \$4.45		
Employee + Spouse	<input type="checkbox"/> \$3.88	<input type="checkbox"/> \$7.21		
Employee + Child(ren)	<input type="checkbox"/> \$3.96	<input type="checkbox"/> \$7.07		
Employee + Family	<input type="checkbox"/> \$6.38	<input type="checkbox"/> \$11.63		
Waive Vision	<input type="checkbox"/>			

Signature _____

Date _____

I choose to waive all retiree benefits, per acknowledgement below

I agree, understand, and confirm that IF I am not enrolling in a health insurance plan, a vision plan, and/or a dental plan, THEN I will NOT be eligible to enroll in a health insurance plan, a vision plan, or a dental plan offered by JPOFFHIT and I will be forever barred from enrolling in a health insurance plan, a vision plan, or a dental plan offered by JPOFFHIT. In other words, I agree, understand, and confirm that this enrollment opportunity is a one-time opportunity for me to enroll in a health insurance plan, a vision plan, and dental plan offered by JPOFFHIT. Example: IF I elect to enroll in a JPOFFHIT health insurance plan only, THEN I will never be able to enroll in a JPOFFHIT vision plan nor a JPOFFHIT dental plan. I agree, understand, and confirm that JPOFFHIT (including but not limited to JPOFFHIT Board Members, JPOFFHIT vendors, JPOFFHIT affiliates, JPOFFHIT representatives, JPOFFHIT employees, or anyone associated with JPOFFHIT) has NOT made any representation to the contrary to the above. Under 15 U.S.C. § 7001, et. al, and Florida Statute § 668.001, et. al, the term "electronic signature" means an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.