

**FY25 TRAVIS COUNTY
PRE-RETIREMENT CHECKLIST**

- Attend Travis County Retirement Options Seminar** **Date Completed:** _____
(OPTIONAL Complete at least 3-6 months before retirement date)

Schedule an appointment to meet with a TCDRS representative via Zoom by clicking:

[Online Counseling for TCDRS Members | TCDRS \[tcdrs.org\]](#)

TCDRS will discuss on how the retirement system figures your annuity amount and the decisions that you will need to make when you retire. HRMD will discuss the Travis County retirement process and how the health insurance works for retirees. Empower Retirement will end by discussing the deferred compensation program. This meeting is valuable for any employee nearing retirement, or one that wants to understand how it all works so they can plan for the future. Spouses are welcome as well.

- Contact TCDRS to request retirement estimate** **Date Completed:** _____
(Complete at least 3-6 months before retirement date)

TCDRS will provide retirement income payment estimates depending on estimated retirement dates and on the retirement payment options you select. Estimates can be completed by contacting TCDRS directly at 512-328-8889 or by logging in to your account at www.tcdrs.org. Please review and consider the options carefully. This should be completed approximately 60-90 days prior to retirement.

- Notify your department of your retirement date** **Date Completed:** _
(Complete as soon as you have a firm retirement date in mind)

Notify your supervisor or department head that you are planning to retire and advise them of the date. This includes writing a retirement letter and providing to your HR Liaison.

- Complete Section 1 of the TC Declaration Form** **Date Completed:** _____
(Complete at least 30 days before retirement date)

Once you have completed Section 1 of the Travis County Retiree Declaration and Authorization Form please forward to your HR Liaison. The HR Liaison will forward to HRMD Compensation. HRMD Compensation will then forward to the Auditor's office. This should be completed once you have a firm retirement date and have notified your department.

- Complete TCDRS forms online** **Date Completed:** _____
(Complete at least 30 days before retirement date)

Employees may want to consult with a tax advisor or financial planner to advise them on which retirement options and the withholding amount that is best. TCDRS will withhold the amount you request. Once you are ready to retire you can apply for benefits online. Applying online is secure and lets you track the progress of your application. Schedule an appointment to meet with a TCDRS representative via Zoom by clicking: [Online Counseling for TCDRS Members | TCDRS \[tcdrs.org\]](#)

If applying for Disability Retirement please let TCDRS know and contact HRMD Benefits to discuss your benefit options.

Call Benefits to enroll in retiree insurance **Date Completed:** _____

(Call Benefits at 512-854-0404 and complete form at least 14 days before retirement date)

Your insurance will not automatically continue when you retire. You must call Benefits and complete your enrollment prior to your retirement date. If you or a dependent intend to be covered under the County Retiree Insurance, you must be covered as an active employee or participant prior to retirement. If medical coverage is dropped as a retiree, you will not be eligible to enroll back in the plan in the future. Review the FY24 Retirement Guide at <https://www.traviscountytexas.gov/human-resources/retirees> for Retiree Insurance rates and coverage options. Contact HRMD Benefits at 512-854-0404 to enroll in your Retiree Benefits.

- Completed Health Enrollment
- Completed Vision Enrollment
- Completed Dental Enrollment
- Completed Life Insurance Enrollment
- Submit EOI Application to New York Life (only if applying for additional Retiree Life)

Deferred Comp 457(b) **Date Completed:** _____

(Can be completed at any time)

If you have a 457(b) account with [Empower Retirement Services](#), please contact Empower at 800-701-8255.

Medicare (available at age 65 or younger if due to disability) **Date Completed:** _____

(Complete 3 months before you turn age 65)

If you or your dependent are age 65 or on Medicare Disability, you MUST enroll in Medicare A & B. Contact the Social Security Administration (SSA) at least 3 months before you need benefits to begin. Enroll online at www.medicare.gov or by phone at 800-772-1213. If over age 65 when you apply, request forms CMS-40B and CMS-L564. Take form CMS-L564 to HRMD to complete.

Social Security Benefits (available at age 62 or older) **Date Completed:** _____

(Complete at least 3 months before you need benefits to begin)

Contact the SSA about **3 months before** the date you want your benefits to start. Apply online at www.ssa.gov or visit any Social Security office or phone 800-772-1213.

Travis County Human Resources Management Department
700 Lavaca Street, Suite 900
Austin, TX 78701
Phone: 512-854-9165
Benefits Line: 512-854-0404
Fax: 512-854-6677

*All forms listed on this checklist can be located on the HRMD page on
<http://traviscentral/hr/benefits/retirement>*

PAYOUTS UPON SEPARATION

Your last paycheck will be direct deposited into your account and the paycheck stub will be mailed to your home. If you have further questions about your last paycheck please contact payroll at 512-854-4125

- SICK LEAVE: An employee shall be compensated for accrued sick leave at their final salary rate with a maximum of ½ the accrued sick leave not to exceed 240 hours* (30 days).
- VACATION LEAVE: Regular full time employee shall be compensated for accrued vacation leave on the basis of their final salary rate, not to exceed a total of 240 hours* (30 days).
- COMP TIME: 100% of comp time is paid upon separation.
- HOLIDAY ACCRUED: If you accrued time for working on a county holiday, up to 16 hours will be paid out at termination.
- PERSONAL HOLIDAYS: Unused personal holidays are not paid out upon separation. (Your last day of employment may not be a personal holiday.)
- LONGEVITY PAY: Any regular employee who separates prior to that year's longevity anniversary date, forfeits longevity pay for that year, unless separation is due to a disability retirement or a reduction in force. Certified peace officers receive prorated certification pay at termination.

*Maximum pay outs are prorated for part time employees.

DELAYED PAYROLL ADJUSTMENT

All employees who have been continuously active since prior to October 1, 1990, receive a portion of their salary on a current basis. The current portion of your pay will not be paid on your final paycheck. Please call the Auditor's Office at 512-854-9125 (ext. 49125) to find out if this applies to you and if an adjustment will be made on your final check.

HEALTH INSURANCE ENROLLMENT REQUIREMENTS

- In order to be eligible for a County subsidy towards your benefits, you must have worked at Travis County for at least 8 years. Travis County determines employee and retiree health insurance benefits, subsidy's and rates on an annual basis during the budget process. Therefore these are subject to change annually.
- If you leave employment at Travis County and do not retire at that time, (including starting to receive your TCDRS annuity), you will NOT be eligible to participate in retiree benefits in future years.
- You must maintain your retiree medical insurance coverage without interruption in order to participate on the plan. If you drop your retiree medical coverage for any reason, or fail to pay the required premium in a timely manner, you lose eligibility to participate in the future.
- If you intend to cover dependents under your retiree plan, you MUST have them enrolled as an active employee. Retirees cannot add new dependents upon retiring. You MUST also be enrolled in the medical plan prior to retiring in order to elect medical coverage as a retiree.
- If a covered retiree passes away, the covered surviving retiree spouse may continue on the benefit coverages for life, as long as premiums remain current.

RETIREE INSURANCE BILLING INFORMATION

As a retiree enrolled in the County Employee Health plan, you will be billed directly for the insurance coverage. The following points are important for you to know:

- No insurance premiums are “deducted” from your TCDRS retirement check, just federal income taxes.
- You will receive a monthly bill from both UHC Billing Services and Humana (if enrolled in the Medicare Advantage Plan). United Healthcare will bill for UHC Medical, UHC Dental, Davis Vision and New YorkLife Retiree Life. If you are over 65 and you and/or your Spouse are on Humana’s Medicare Advantage plan, you will receive a separate bill from Humana. You must pay BOTH bills. ACH withdrawals can be set up for both.
- In most cases, the initial retiree invoice will not be received prior to your retirement. You should expect to receive the first invoice near the end of the month the first month after your retirement. Your coverage will continue without a break in service.
- It is your responsibility to pay these premiums when due, in order to continue your coverage. If you do not keep your premiums paid to the current date, you will lose your coverage and will not be able to re-enroll.
- If you are interested in “porting” your life insurance you will receive a notice directly from New York Life just after you retire. If you apply, remember to send a payment with the application or it will not be accepted by New York Life.
- It is important to keep your contact information such as address, phone numbers, and email address current with the retirement system and with Travis County.
- Please contact the vendor directly if you have a retiree billing issue.
 - [UHC Billing Service – 877-237-8576](tel:877-237-8576) for Medical, dental, vision, and retiree life
 - [Humana Medicare Advantage – 866-396-8810](tel:866-396-8810)
 - [UNUM Life 800-684-2318](tel:800-684-2318) for Long Term Care
- If issue continues, or you have not received a bill, contact HRMD Benefits immediately at 854-04040

Retiree Rates

FY25 Pre-65 Retiree Contributions Per Month	Retiree Only	Ret + 1 Adult	Ret + 1 Child	Ret + Children	Ret + Adult + Child	Ret + Adult + Children
EPO	\$544.00	\$1,233.00	\$716.00	\$971.00	\$1,577.00	\$2,008.00
PPO	\$326.00	\$750.00	\$408.00	\$553.00	\$1,007.00	\$1,324.00
Consumer Choice	\$183.00	\$524.00	\$236.00	\$348.00	\$750.00	\$1,033.00
HDHP	\$155.00	\$523.00	\$219.00	\$342.00	\$760.00	\$1,055.00

FY25 Dental Rates	Retiree Only	Ret + 1 Adult	Ret + 1 Child	Ret + Children	Ret + Adult + Child	Ret + Adult + Children
DHMO	\$11.48	\$18.44	\$18.44	\$24.74	\$24.74	\$28.94
Basic PPO	\$23.18	\$44.10	\$44.10	\$72.62	\$72.62	\$93.54
Preferred (High) PPO	\$36.24	\$72.44	\$72.44	\$113.36	\$113.36	\$149.60
Preventive Only	\$12.92	\$25.82	\$25.82	\$35.74	\$35.74	\$51.68

FY25 Vision Rates	Retiree Only	Ret + 1 Adult	Ret + 1 Child	Ret + Children	Ret + Adult + Child	Ret + Adult + Children
Vision Coverage	\$3.92	\$7.44	\$7.44	\$8.24	\$8.24	\$11.38

Pharmacy Only Plan	Monthly Rate
Retiree Only	\$48.00
Retiree + 1 Adult	\$96.00

Medicare Eligible Medical Rates

FY25 Medicare Eligible Retiree Contributions Per Month	Retiree Only	Ret + 1 Adult	Ret + 1 Child	Ret + Children	Ret + Adult + Child	Ret + Adult + Children
EPO	\$226.00	\$393.00	\$353.00	\$552.00	\$591.00	\$789.00
PPO	\$100.00	\$207.00	\$180.00	\$325.00	\$356.00	\$500.00
Consumer Choice	\$57.00	\$148.00	\$123.00	\$252.00	\$280.00	\$410.00
HDHP	\$51.00	\$145.00	\$119.00	\$253.00	\$281.00	\$418.00

Humana Medicare Rates

Retiree Contributions	Retiree w/Medicare	Retiree + adult w/Medicare	Spouse/Dep Only with Medicare	Ret w/Med + 1 Child	Retiree w/Med + Children	Retiree+adult with med +Child	Retiree+adult with med +Children	Retiree w Med + adult WO medicare	Retiree w Med + adult WO med+ child	Retiree w Med + adult WO med+ children
EPO				\$178.51	\$377.51	\$323.66	\$522.66	\$218.51	\$416.51	\$614.51
PPO				\$131.51	\$276.51	\$276.66	\$421.66	\$158.51	\$307.51	\$451.51
Consumer Choice				\$117.51	\$246.51	\$262.66	\$391.66	\$142.51	\$274.51	\$404.51
Medicare Advantage Plan	\$51.51	\$196.66	\$145.15							

RETIREE LIFE INSURANCE – New York Life

Selections based on age of retiree not dependent (Basic amounts are Guarantee issue)	Retiree		Spouse	
Retiree Age 70 or Less	Total Coverage	Monthly Cost	Total Coverage	Monthly Cost
Basic	\$15,000	\$2.08	\$7,500	\$2.08
Buy-Up – Requires Approval*	\$25,000	\$6.92	\$12,500	\$6.92
Retiree Age 71 or More	Total Coverage	Monthly Cost	Total Coverage	Monthly Cost
Basic	\$5,000	\$5.90	\$2,500	\$2.95
Buy-Up 1 – Requires Approval*	\$10,000	\$14.70	\$5,000	\$7.35
Buy-Up 2 – Requires Approval*	\$15,000	\$23.50	\$7,500	\$11.75
Buy-Up 3 – Requires Approval*	\$20,000	\$32.30		

If you are interested in a buy up option on retiree life insurance, both over and under age 71, complete the New York Life Evidence of Insurability (EOI) form (available in HRMD) and send directly to New York Life (*keep a copy for your records*). New York Life will respond directly to you when underwriting process is complete. No need to reapply if you have been previously approved or disapproved. Note: Not everyone will be approved.

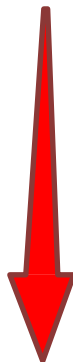
PORTABILITY OF LIFE INSURANCE

When an employee terminates employment or retires, he/she is eligible (within 30 days) to apply to “port” any or all of their existing supplemental life insurance into an individual policy with New York Life. To enroll, the employee must complete a New York Life portability application, which is sent via mail, and submit with payment to New York Life within 30 days. New York Life will set up the account directly with the former employee/retiree and bill them directly. After set up, ported life coverage is a contract between New York Life and the former employee/retiree directly and is not shown on Travis County Benefit records. It is advised to keep all of your paperwork. Rates can increase annually. See table below for current rates.

Age	Rate per \$1,000
<20	\$0.153
20-24	\$0.144
25-29	\$0.153
30-34	\$0.177
35-39	\$0.190
40-44	\$0.243
45-49	\$0.384
50-54	\$0.726
55-59	\$1.347
60-64	\$2.461
65-69	\$4.065

PLEASE FOLLOW THE
INSTRUCTIONS LISTED ON
THE
TRAVIS COUNTY
RETIREE DECLARATION
AND
AUTHORIZATION FORM AND SUBMIT WITH
YOUR RETIREMENT LETTER TO YOUR HR
LIAISON

SEE FORM ATTACHED



TRAVIS COUNTY RETIREE DECLARATION AND AUTHORIZATION FORM

Each section below must be completed in order of sequence and forward to the next noted department prior to retirement date:

- 1. Retiree and Department HR liaison**
- 2. Auditor's office**
- 3. Human Resources Management Department (HRMD)**

1. Retiree and Department HR liaison: (Department HR liaison sends to HRMD Compensation with attached PAF and retirement letter. HRMD Compensation sends to Auditor's office.)

Date to HRMD Compensation: _____ Date to Auditor: _____
 Name: _____ Employee ID: _____
 Date of retirement: _____ Department: _____

I intend to participate in the Travis County Benefit Plan as a retiree. Yes _____ No _____
If no, I understand that if I do not enroll at time of retirement I will not be able to participate in the future, due to the proposed County Retiree policy.

I, _____ warrant that there is no agreement or promise or understanding between me and any employee, elected or appointed official or representative of Travis County that I will be hired by Travis County after I retire.

I acknowledge that I am not eligible to apply for, or accept or begin any form of reemployment with Travis County for at least, ninety (90) days after the last date on which salary or benefits are paid to me through the payroll system.

That Retirement date is: _____

I also acknowledge no employee, elected or appointed official or representative of Travis County may consider me for any form of employment with Travis County or offer to reemploy me make or have an agreement or promise or understanding about reemploying me after retirement for at least, ninety (90) days after the last date on which salary or benefits are paid to me through the payroll system.

I also acknowledge no employee, elected or appointed official or representative of Travis County may give me a preferential status related to reemployment.

Retiree signature: _____ Department HR Liaison: _____

2. Auditor's office: (Send to HRMD Benefits)

******Enrollment will not be completed without this form******

The employee has applied to TCDRS for retirement. Yes _____ No _____

The employee has _____ months of full time equivalent Travis County employment credit.

Retirement Date _____ Auditor's office authorization: _____ Date to HRMD Benefits: _____

3. HRMD Benefits:

Retiree's contributions for health insurance are based on a rate structure determined by years of Travis County service and the annual decision by Commissioners Court on whether to provide a county contribution.

Rate structure A _____ Rate structure B _____

Date: _____ Signature _____ (HRMD)