



LAKE COUNTY HUMAN RESOURCES DEPARTMENT

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, IN 46307

Congratulations on your plans to retiree! If you have reached the service years and time you are eligible to apply for retiree benefits as offered through the Lake County insurance plan. Your coverage will include Medical, Dental, Vision, and prescription coverage. Listed below is a breakdown of the retiree insurance premiums:

The New Rates for Retired Employees is as follows:

- **Under Age 65 Single- \$170.00 Per Month**
- **Under Age 65 Family- \$260.00 Per Month**
- **65 & Over Single- \$100.00 Per Month**
- **65 & Over Family- \$185.00 Per Month**

PAYMENTS WILL BE TAKEN OUT ON THE 15TH OF EVERY MONTH

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 age 70. No AD&D (accidental death and dismemberment) nor dependent life benefits are available for retirees. If you require more information concerning our current life insurance amount, please call our office at 219-755-3212 during the hours of 8:30am to 4:30pm.

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