This guide is presented in summary form. Please refer to the references provided and official plan documents for specific terms, conditions, and exclusions. If any conflict ever arises between this guide and official documents, the official rules and documents will apply in all cases. This guide is not a contract for the purpose of payment of benefits. Contact Human Resources (HR) for assistance.

Snohomish County Human Resources
3000 Rockefeller Ave. M/S 503
Everett, WA 98201
Phone: 1-425-388-3411 ex. 0
Email: human.resources@snoco.org
Web: www.snohomishcountywa.gov/benefits

Updated: January 19, 2018
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Section 1 - Planning for Retirement

Preparing for Retirement
There are several important things to think about as you near retirement.

- Do you know what your retirement benefit will be?
- What will you do for health care coverage? Your Snohomish County healthcare benefits end the last day of the month in which you were in a paid status.
- How long will your benefit last? You are guaranteed a retirement benefit check for your lifetime and, if you choose a survivor option, for the lifetime of your survivor.
- When will you get first DRS retirement check? You should receive your benefit payment by the end of the month. If you choose direct deposit, and it has become effective, you will receive your first benefit payment by the last banking day in the month you retire.
- When will you get your final paycheck from the county?
- How will your PERS, SERS, Plans 2 and 3 or LEOFF Plan 2 benefit change if you work past normal retirement age or you decide to retire early?
- Will you want to increase your benefit by purchasing additional service credit?
- What other income will you have available to you in retirement?

If you haven’t already signed up for online account access, you’ll want to do so. With this service, you can calculate your benefit under different scenarios, using your individual account information. Once you retire, you can get copies of your 1099-Rs, keep track of your return-to-work hours and see other helpful information related to your retirement benefit.

Retirement Planning
If you are within two years of retirement, the Retirement Planning Checklist will help you set your retirement plans in motion. You will also want to contact DRS to request a written estimate. DRS will perform a detailed review of your account to verify the accuracy of your service credit, compensation and contributions before creating the written estimate and providing it to you.

Member Handbooks
The member handbook is a summary of the rules governing your retirement plan. The actual rules governing member’s benefits are contained in state retirement laws. The handbook is a summary, written with less legalistic terms: PERS Plan 2, PERS Plan 3, or LEOFF Plan 2.

When am I eligible to receive a benefit? (PERS2)
Your Plan Handbook contains more information. In summary, PERS2 provides a retirement benefit at:

- Age 65 or older with at least five years of service credit, or
- Age 55 or older with at least 20 years of service credit. Your benefit will be reduced if you are under age 65. There is less of a reduction if you have 30 or more years of service credit.*

*Plan 2 and Plan 3 provide an unreduced defined benefit at age 62 for members who were hired before May 1, 2013 and retire with 30 or more years of service credit.

When I am Considered Retired
You’re considered retired once you begin receiving a retirement benefit. This is usually the first of the month after the month you’ve separated from employment. If you separate from employment, but wait to start drawing a benefit, you’ll be considered retired once you do begin receiving it.
Example: If you separate on May 15th, DRS considers you retired on June 1st. You will receive your first DRS check on or around June 30th.

**Benefit Estimators**
You have 24/7 access to your DRS account to help you plan for your future retirement. If you're working with a financial planner, you may use these worksheets for your plan and system. The worksheets are not linked to your account information. Access the PERS Plan 2, PERS Plan 3, or LEOFF Plan 2 worksheet to calculate your estimate manually.

**Cost of Living Adjustments (COLAs)**
Learn more about COLAs at our COLA Frequently Asked Questions.

**Federal Income Tax Withholding Calculator**
It's important to plan ahead when thinking about how your federal tax withholding will affect your net monthly benefit. We've developed a calculator you can use to help determine your allowances and withholding amount.

**Purchasing Additional Service Credit**
You may be able to purchase additional service credit to increase your monthly retirement benefit. You can purchase additional service credit at the time of your retirement only. You cannot use the additional service credit to qualify for retirement.

Purchasing additional service credit increases your monthly retirement benefit for the rest of your life and, if you choose a survivor option, the Department of Retirement Systems (DRS) will continue paying the increase to your survivor after your death. You may purchase between one and 60 months of service credit in whole-month increments. The cost of service is based on the annuity factor for your age and plan. The monthly increase to your benefit is based on the same formula used to calculate your retirement benefit. The administrative factors used in the examples online are for illustrative purposes only. See Administrative Factors on the DRS website for the most current numbers.

**Deductions that can be taken from DRS Benefit**
Deductions to your retirement benefit check can include income tax authorized by the withholding form you submit with your retirement application, health insurance premiums, life insurance premiums, and more.

**Retirement Seminars**
DRS offers retirement planning seminars for members within five years of retirement. Seminars are held at various locations throughout the state. Register for a seminar online.

**Nearing Retirement Publications**
DRS offers many publications related to your retirement to help you plan and prepare. After you retire, keep up to date with the retiree edition of the Retirement Outlook newsletter.
Section 2 - Healthcare Options

When you retire, your Snohomish County healthcare benefits end the last day of the month in which you were in a paid status, so you will want to ensure you have other affordable health care coverage into retirement. There are many options for you to consider, such as:

- The County's Regence Retiree Medical Plan
- COBRA
- The Health Insurance Marketplace (if under 65)
- Individual Insurance - private coverage purchased directly from an insurance company
- Through your Spouse’s Employer
- Medicare (if 65 or older)

Regence Retiree Medical Plan - Regular Retirees
If you will be eligible to retire under PERS or LEOFF within three months of separation, you are eligible for the Regence Retiree Medical Plan through the county. If you choose this plan, coverage will be effective on your DRS retirement date or the 1st of the month following the month of separation from the County, whichever is first. If you are eligible for Medicare you must be enrolled in both Parts A & B to be enrolled under the Snohomish County retiree plan.

The Regence Retiree plan includes the BlueCard® Program. This unique program enables you to access hospitals and physicians when traveling outside the four state area Regence serves (Idaho, Oregon, Utah and Washington), as well as receive care in 200 countries around the world. Learn how to have access to care through the BlueCard Program in the Regence Regular Retiree Medical Plan Booklet on page 36. You can search for providers using the international BlueCard provider online search tool (typically, the first three letters on your member ID card are ZLF). Call the BlueCard Worldwide® Service Center at 1.800.810.2583 if you are unable to find a suitable provider.

Access plan documents to learn more about the benefits and coverage:

- Regence Regular Retiree Medical Plan Booklet
- Regence Regular Retiree Plan Summary
- Regular Retiree Medical Plan Premium Rates

Payment
There are two different ways to pay for this plan:

1. If you have excess accrued sick leave (see Section 3 - Leave at Termination: Classified Employees) or leave with pay (see Section 4 - Leave with Pay at Termination: Management Exempt), you may exchange it to pay for the Regence Retiree medical plan monthly premiums for up to 12 months for you and your spouse.
   a. If you enroll in this plan and use your excess leave to pay the premiums, please have your payroll liaison complete the Prepaid Medical Premiums Worksheet as you near your retirement date, and be sure to use accurate leave balances.
   b. Note: If you voluntarily end your coverage when the paid months end, you may not qualify for a special enrollment right through other agencies.
c. If you will use your excess leave to pay for this plan and you intend to end your coverage when the free months end - it is important for you to have a plan in place for healthcare coverage as there are certain time frames and requirements for enrolling in other coverage.
d. If you chose to discontinue coverage when your prepaid premiums end, you must submit a short letter or email to HR indicating your wish to discontinue coverage from the plan and the date you want coverage to end.

2. You can pay the premiums through your DRS account. You do not have to start drawing your retirement to be eligible for this plan; however, you will have to self-pay the premiums instead of having them deducted from your retirement check. If you are enrolling in this plan and will pay your premiums from your DRS account, submit the DRS Authorization Form to HR.

**COBRA**

If you are enrolled in healthcare plans through the County at the time you leave employment, coverage will end on the last day of the month in which you were in a paid status. When your coverage ends, you and your covered dependents can self-pay to continue coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act). In general, you may continue healthcare plans under COBRA for up to 18 months. You can opt to continue your enrollment in any health plan (medical, dental and/or vision) and the Health Care Flexible Spending Account (FSA) you were enrolled in on your last day of employment.

If you choose to participate in COBRA, you are not required to continue all the health plans you had on your last day of employment. For example, you may have had medical, dental, and vision coverage, but you can elect to continue medical only, dental only, vision only, or any combination of these plans when you enroll in COBRA.

After you’re enrolled in COBRA, you may discontinue your coverage at any time. You may only change plans during the Open Enrollment period or if you experience a qualifying Change in Status event. As long as you remain on COBRA, you will receive Open Enrollment materials and have the opportunity to change medical plans each year.

If you are leaving employment, Human Resources will notify our COBRA Third Party Administrator. You will receive a packet of COBRA materials and an Election Notice. You must enroll in COBRA continuation coverage during your election period, which is at least 60 days long measured from the date the COBRA notice is mailed to you or the date you lose coverage, whichever date is later. There will be no lapse in coverage, and COBRA coverage will be retroactive back to the 1st of the month following your date of separation.

**COBRA Resources**
- COBRA premiums
- An Employee’s Guide to Health Benefits Under COBRA
- Snohomish County COBRA FAQ

**Important factors to consider if you elect COBRA**
- You cannot elect both COBRA medical and the Snohomish County Regence Retiree Medical Plan
- If you select COBRA, you cannot come back later and enroll in the Regence Retiree Medical Plan
- If you select the Regence Retiree Medical Plan, you cannot come back later and enroll in COBRA
- The period of coverage is limited, and is typically for up to 18 months
- You can enroll in the Regence Retiree medical plan for medical coverage, and enroll in dental and/or vision through COBRA

**COBRA and Medicare**
How Medicare and COBRA work together depends on which type of coverage you have first.
• If you are enrolled in Medicare first and then become eligible for COBRA, you can have both Medicare and COBRA. Medicare would pay first and COBRA would pay second.
• If you have COBRA first and then become eligible for Medicare, your COBRA coverage will end.

Health Insurance Marketplace
You can purchase medical coverage through the health insurance marketplace if you are under age 65 and a U.S. citizen or legal permanent resident. Coverage through the marketplace is available at www.healthcare.gov. The marketplace allows you to preview plans available and it offers affordable private health insurance options.

When you retire, you are involuntarily losing your job-based health coverage, which may qualify you for a special enrollment right in the marketplace if you enroll within 60 days of losing coverage. If you do not enroll within 60 days of losing coverage, you will be required to wait until the nationwide marketplace annual open enrollment period that generally begins November 15th. If you enroll by the 15th of the month, your coverage would start the first day of the next month. Example: To have coverage January 1st, you must enroll by December 15th. Additionally, if you have certain life changes, you may qualify for a Special Enrollment Period and your coverage could start sooner.

The actual price of monthly premiums varies greatly depending on where you live, if you smoke, who is covered and their ages and the plan’s benefits. All plans must cover a standard set of essential benefits, but they differ by how much of the medical costs the health plan picks up and how much you pay through copayments and coinsurance. There are four types of plans available in the marketplace:

- Bronze Plans: Insurance companies typically pay 60% of covered healthcare expenses
- Silver Plans (Standard Plan): Insurance companies typically pay 70% of covered healthcare expenses
- Gold Plans: Insurance companies typically pay 80% of covered healthcare expenses
- Platinum Plans: Insurance companies typically pay 90% of covered healthcare expenses

If you want to enroll in a marketplace plan and cancel your retiree coverage through the County, some marketplace exceptions apply:

- You cannot get premium tax credits and other savings based on your income
- If you voluntarily drop your retiree coverage, you won’t qualify for special enrollment right to enroll in a new marketplace plan. You must enroll in health coverage through the marketplace during their next open enrollment period. Our Snohomish plan allows you to drop your coverage outside of the County’s open enrollment period for this purpose.

If you apply for coverage through an exchange and you (and/or your children) qualify, you may be automatically enrolled in Apple Health or Medicaid.

Important Note: You may not qualify for a special enrollment period if you voluntarily cancel your health insurance or your insurer cancels you because you don’t pay your premiums. If you are using your excess accrued leave to pay for the Regence Retiree plan for up to 12 months (see Section 3 - Leave at Termination: Classified Employees or Section 4 - Leave with Pay at Termination: Management Exempt), and you voluntarily cancel your coverage when the prepaid premiums end, you may not qualify for a special enrollment right through the marketplace, and you will need to wait until the next marketplace annual open enrollment period to enroll.
**Individual Insurance**
If you qualify for a special enrollment right, you may be eligible to enroll in an individual plan through insurance companies directly. Shop around carefully when selecting an individual insurance policy, and consider the provider network, premiums, deductibles, co-pays, coinsurance, and the annual limit you have to pay out-of-pocket before insurance covers everything. If you don’t qualify for premium assistance on the healthcare marketplace, you may find that a non-exchange plan might be better for you in terms of network providers or other benefit options. You can purchase insurance directly from an insurance company or with the assistance of an insurance broker at no extra cost to you. Review a list of companies selling health insurance plans (either exchange or non-exchange).

**Other Forms of Group Coverage**
If you qualify for a special enrollment right, you may be eligible to enroll in your spouse’s group plan through his or her employer. You will generally need to request enrollment within 30 days of a qualifying life event. Also, if you are still able and willing to work in retirement, some companies provide health benefits to part-time employees.

**Medicare**
Please visit www.medicare.gov to learn about specific terms, conditions, and exclusions of Medicare – this section is only a summary of information available on the Medicare website and it is recommended that you contact Medicare directly for guidance on Medicare policies. To apply for Medicare, visit www.ssa.gov/medicare/. Note: If you are enrolled in Medicare, you cannot enroll in a marketplace plan, which is true even if you have Medicare Part A or Part B. If you want coverage designed to supplement Medicare, you can find out more on Medicare’s website.

If you need assistance with selecting the right plan for you, you can get personalized health insurance counseling at no cost to you from Statewide Health Insurance Benefits Advisors (SHIBA). SHIBA is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. They can also help you understand your Medicare plan choices and answer questions about switching plans. You can reach SHIBA at 1-800-562-6900.

**Medicare FAQ**

1. **How do our medical plans work with Medicare?**
   Our plans work with Medicare and follow the coordination of benefit rules. If you are an active county employee enrolled in a county sponsored medical plan, our plan pays first and Medicare pays second. If you are a retiree enrolled in the county’s group retiree medical plan, Medicare pays first and our retiree plan pays second. Review the Medicare website - which insurance pays first to learn more.

2. **When can I sign up for Part A and/or Part B?**
   When you’re first eligible for Medicare, you have a 7 month Initial Enrollment Period to sign up for Part A and/or Part B. In most cases, if you don’t sign up for Medicare Part B when you’re first eligible, you’ll have to pay a late enrollment penalty for as long as you have Part B and could have a gap in your health coverage. If you sign up during the first 3 months of your 7 month Initial Enrollment Period, coverage will begin on the 1st day of the month in which you turn 65. Learn more about when Medicare coverage starts.

   If you didn't sign up for Part A and/or Part B (for which you must pay premiums) when you were first eligible, and you aren't eligible for a Special Enrollment Period (see below), you can sign up during the General Enrollment Period between January 1–March 31 each year for coverage that starts July 1. You may have to pay a higher premium for late enrollment in Part A and/or a higher premium for late enrollment in Part B.
3. **What are Medicare special circumstances/special enrollment periods?**
   Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period. If you're covered under a group health plan based on current employment, you have a Special Enrollment Period to sign up for Part A and/or Part B any time as long as you or your spouse (or family member if you're disabled) is working, and you're covered by a group health plan through the employer or union based on that work.

   You also have an 8 month Special Enrollment Period to sign up for Part A and/or Part B that starts the month after the employment ends or the group health plan insurance based on current active employment ends, whichever happens first. Usually, you don't pay a late enrollment penalty if you sign up during a Special Enrollment Period. You may also qualify for a Special Enrollment Period for Part A and Part B if you're a volunteer, serving in a foreign country.

   If you sign up during the 8 month Special Enrollment Period, coverage begins the 1st day of the following month.

4. **Are COBRA and retiree health plans considered coverage based on current employment?**
   No. COBRA and retiree health plans aren't considered coverage based on current employment. You're not eligible for a Special Enrollment Period when that coverage ends.

5. **Which insurance pays first – How does Medicare coordinate with other coverage?**
   Visit the Medicare website - which insurance pays first to see how Medicare coordinates with other coverage in a variety of different scenarios.

6. **Should I get Part B if I have employer or union coverage?**
   Visit the Medicare website to help you decide if you want to sign up for Medicare Part B (Medical Insurance). You can sign up for Part B without a penalty any time you have health coverage based on current employment. (COBRA and retiree health coverage don't count as current employer coverage.)

   **When active employer/union coverage ends** - Once your active employment (or your employer/union coverage) ends, 3 things happen:

   a. You may be able to get COBRA coverage, which continues your health insurance through the employer's plan (in most cases for only 18 months) and probably at a higher cost to you.

   b. You have 8 months to sign up for Part B without a penalty, whether or not you choose COBRA. If you choose COBRA, don't wait until your COBRA ends to enroll in Part B. If you don't enroll in Part B during the 8 months after the employment ends:
      i. You may have to pay a penalty for as long as you have Part B.
      ii. You won't be able to enroll until January 1–March 31, and you'll have to wait until July 1 of that year before your coverage begins, which may cause a gap in coverage.

   c. If you already have COBRA coverage when you enroll in Medicare, your COBRA will probably end. If you become eligible for COBRA coverage after you're already enrolled in Medicare, you must be allowed to take the COBRA coverage. It will always be secondary to Medicare (unless you have End-Stage Renal Disease (ESRD)). Learn more about how Medicare works with other insurance.
Section 3 - Leave at Termination: Classified Employees

Sick Leave
The Snohomish County Code, Section 3A.06.040 - Sick Leave and Disability Leave, dictates how sick leave is to be processed at termination for non-represented classified employees. If you are a represented employee, there may be different rules that are applied – please refer to your applicable collective bargaining agreement for details. The following is a summary of Section 3.A.06.040:

a. Base Cash Payment upon Termination or Death. Upon termination from county employment, an employee will be paid a lump-sum payment from accrued sick leave reserves in the sick leave account up to the maximum amount specified in the following schedule:

<table>
<thead>
<tr>
<th>Length of Classified Service</th>
<th>Maximum Number of Days Paid</th>
<th>Maximum Number of Hours Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of employment to end of 5th year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Beginning of 6th year to end of 10th year</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>Beginning of 11th year to end of 15th year</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td>Beginning of 16th year to end of 20th year</td>
<td>15</td>
<td>120</td>
</tr>
<tr>
<td>Beginning of 21st year and thereafter</td>
<td>24</td>
<td>192</td>
</tr>
</tbody>
</table>

Note: Sick leave payouts increase your taxable income, which may raise your tax bracket. Federal Tax, FICA and Medicare taxes are all based on your taxable income. If you are enrolled in Nationwide Deferred Compensation, you may consider changing your deduction for your last pay period which will lower the Federal Tax, but won’t affect the FICA and Medicare.

b. Additional Cash Payment upon Termination. Upon termination, employees with 20 or more years of service or who are 65 of age or older will be paid a lump-sum payment of one day of pay for each ten days of accrued sick leave remaining in the sick leave account after the base cash payment made pursuant to paragraph (7)(a) of this section. This payment will be made at the employee’s then current pay rate.

c. Upon termination from the classified service for the purpose of receiving LEOFF 2 or PERS retirement benefits, a classified employee may exchange unused accrued sick leave to pay the Regence Retiree medical plan monthly premiums. Subject to the following provisions:

i. Leave to be exchanged shall be only that leave which remains after the classified employee has been compensated in accordance with (a) and (b) above, if applicable. Leave may be exchanged on the basis of 100 hours of exchanged leave shall equal one month of paid medical coverage for a retiree or retiree and spouse in the county’s retiree medical program.

ii. You must be eligible to retire under PERS or LEOFF within 3 months of separation to be eligible.

iii. Leave may be exchanged in 100 hour increments, to a maximum of 1,200 hours (12 months).

iv. Leave which is not used, exchanged or compensated for prior to or upon termination is forfeited.

v. Upon the death of a retiree, a surviving spouse who has been enrolled in the retiree medical plan may remain on the plan until paid medical coverage has been exhausted.

vi. To use your accrued sick leave for retiree medical coverage, contact your Payroll Liaison to complete the Retiree’s Prepaid Medical Premiums Worksheet as you approach your retirement date to ensure current leave balances are being utilized.
vii. Example of calculations:

<table>
<thead>
<tr>
<th>Classified Employees – Description (100 hours = 1 month, NTE 12 months)</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sick leave balance</td>
<td>1500</td>
</tr>
<tr>
<td>b. Eligible Cash Payment Hours (refer to table above)</td>
<td>192</td>
</tr>
<tr>
<td>c. Remaining Balance (a-b)</td>
<td>1308</td>
</tr>
<tr>
<td>d. 10% Additional Cash Payment (if 20 years of service or age 65) (c *10%)</td>
<td>130.8</td>
</tr>
<tr>
<td>e. Remaining Balance for Medical Premium Hours (c-d or = c)</td>
<td>1177.2</td>
</tr>
<tr>
<td>f. Prepaid Months (e/100)</td>
<td>11 (months)</td>
</tr>
</tbody>
</table>

**Vacation Leave**
The Snohomish County Code, [Section 3A.06.050 - Vacation Leave](#), dictates how vacation leave is to be processed at termination for non-represented classified employees. If you are a represented employee, there may be different rules that are applied – please refer to your applicable [collective bargaining agreement](#) for details.

a. Cash Payment upon Termination. Upon termination from county employment, an employee shall be paid a lump sum payment for all accrued vacation leave up to a maximum of 240 hours; provided that such payment continues to be allowed under state law. Accrued vacation leave in excess of 240 hours shall be forfeited.

b. Vacation leave payouts increase your taxable income, which may raise your tax bracket. Federal Tax, FICA and Medicare taxes are all based on your taxable income. If you are enrolled in Nationwide Deferred Compensation, you may consider changing your deduction for your last pay period which will lower the Federal Tax, but won’t affect the FICA and Medicare.

**Floating Holidays**
The Snohomish County Code, [Section 3A.06.020 - Holidays](#), dictates how floating holidays are to be processed at termination for non-represented classified employees. If you are a represented employee, there may be different rules that are applied – please refer to your applicable [collective bargaining agreement](#) for details. Floating holidays shall be used in the calendar year earned and are noncumulative and non-compensable upon termination, meaning that if you do not use them before you separate they will not be cashed out.
Section 4 - Leave with Pay at Termination: Management/Exempt

The Snohomish County Code, Section 3.68.070 - Leave with Pay, dictates how leave is to be processed at termination for Management Exempt Employees. The following is a summary of Section 3.68.070:

1. Upon termination from the exempt service, including voluntary resignation, up to 60 days (480 hours) accrued leave pay shall be made from the current leave account. Calculation of accrued leave pay upon termination shall be based upon a maximum rate of 30 days (180 hours) for each full year completed in the exempt service with a proration of any partial year. Before accrued leave pay is calculated for superior court commissioners, a prorated portion of the leave granted in the year of termination shall be forfeited from the reserve and/or current leave accounts based on the number of months remaining in that year.

2. Upon termination from the exempt service for the purpose of receiving LEOFF 2 or PERS retirement benefits, and immediately following termination of employment, an exempt employee may exchange unused accrued leave for Regence Retiree medical coverage subject to the following provisions:
   a. Leave to be exchanged shall only be that leave which is in excess of leave which may be compensated as shown above. Leave may be exchanged on the basis of 60 hours of exchanged leave shall equal one month of paid medical coverage for a retiree or retiree and spouse in the county’s retiree medical program.
   b. You must be eligible to retire under PERS or LEOFF within three months of separation to be eligible.
   c. Leave may only be exchanged in 60 hour increments to a maximum of 720 hours (12 months).
   d. Leave which is not used, exchanged or compensated for prior to or upon termination is forfeited.
   e. Upon the death of a retiree, a surviving spouse who has been enrolled in the retiree medical plan may remain on the plan until paid medical coverage in (a) above has been exhausted.
   f. If an employee has both management exempt and classified service, they may exchange up to 720 hours (60 hours equals one month premium) of their management exempt leave and/or up to 1,200 hours (100 hours equals one month premium) of their classified leave. The total combined hours exchanged for medical coverage may not exceed 12 months of coverage.
      Example: A management exempt employee that exchanges 600 hours of management exempt leave for 10 months of coverage may also use 200 hours of excess accrued classified sick leave for the 2 months remaining to be at the maximum months of coverage (12 months of coverage).
   g. Example of calculations:

<table>
<thead>
<tr>
<th>Management Exempt – Description (60 hours = 1 month, NTE 12 months)</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Leave balance</td>
<td>1500</td>
</tr>
<tr>
<td>b. Cash Payment (Up to 480 hours)</td>
<td>480</td>
</tr>
<tr>
<td>c. Remaining Balance for Medical Premiums (a-b)</td>
<td>1020</td>
</tr>
<tr>
<td>d. Prepaid Months (c/60)</td>
<td>12 (months)</td>
</tr>
</tbody>
</table>

3. When an employee enters the exempt system from the personnel system or civil service, vacation and sick leave accruals earned in that service shall be frozen for use at a later date as follows:
a. For each absence from work for other than legal holidays, jury or military leave and leave without pay, an exempt employee may designate whether such leave was required as a result of illness or for vacation purposes and such amount may be charged against vacation and/or sick leave accrued under the personnel or civil service plan. Accordingly, that amount of time will be charged to the appropriate frozen vacation or sick leave accruals earned during personnel or civil service employment. If no such designation is made the leave time will be deducted from exempt entitlement pursuant to SCC 3.68.070(4).

b. Upon termination, the employee will be paid for such vacation and sick leave as provided in the rules applicable to the employment under which such vacation and sick leave was accrued.

4. When an exempt employee transfers to classified employment, the exempt employee may freeze or cash out up to 480 hours of leave. Leave in excess of 480 hours may be transferred to the classified vacation or sick leave balance and must be used within 24 months or it will be lost. The following terms apply:

a. The employee’s frozen classified sick and vacation leave accounts, if any, will be reactivated, and unused leave days accrued under this section will be transferred to the employees sick and vacation leave accounts as apportioned by the employee.

b. The employee transferring from the exempt system may either freeze the maximum accrual of exempt time as provided in SCC 3.68.070 for cash out upon discontinuance of service with the county or the employee may cash out the maximum accrual of exempt time as provided in SCC 3.68.070 upon transferring to a classified position.

c. Amounts of leave accrued under the exempt plan which exceed the maximum annual accrued leave pay of 30 days as provided in SCC 3.68.070(6) may be used by the employee for up to 24 months after the effective date of the transfer to a classified position.

d. When such a transfer occurs after January 1st of a calendar year, monthly sick and vacation accruals shall begin January 1st of the following year at a rate which reflects total years of completed county service.
Section 5 - Benefits Information

Medical, Dental, and Vision Insurance
Your healthcare benefits will end on the last day of the month in which you were in a paid status. Your healthcare premium contributions are collected one month in advance and are deducted on a semi-monthly basis on the 7th and 22nd of each month, which pays for the following month’s coverage. Premium contributions will be canceled or credited back to you, depending on when you separate.

Example #1: If your last day of paid leave/work is March 15th, your benefits will end on March 31st. Your March 22nd deduction is cancelled. Your February 22nd and March 7th deductions pay for your March coverage.

Example #2: If your last day of paid leave/work is March 25th, your benefits will end on March 31st. Your March 22nd deduction is either canceled or credited back to you. Your February 22nd and March 7th deduction pay for your March coverage.

<table>
<thead>
<tr>
<th>Healthcare Premium Contribution Deduction Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours/Days Worked</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>March 1st - March 15th</td>
</tr>
<tr>
<td>March 16th - March 31st</td>
</tr>
</tbody>
</table>

AFLAC
If you are enrolled in any of the Aflac policies, you may be able to continue your coverage at the same group rates/premium you have had through payroll deduction.
- You can transfer your Aflac policies to direct pay with Aflac or through your DRS retirement account.
- Your premium and coverage remains the same and you can choose to have it deducted through bank draft, pay with a credit or debit card or be billed on a quarterly basis by Aflac and pay by check.
- If you do not want these deductions taken from your final check, you will need to contact the AFLAC representative in advance to cancel your final deduction.
- Contact Randy Wallace at 1-425-406-8946 or randy_wallace@us.aflac.com for more information.

Employee Assistance Program (EAP)
Visit the Wellspring EAP Portal to access career transition tools including how to manage change, information on relocation, and much more. Call 800-553-7798 for more information.

Deferred Compensation
If you are enrolled in Deferred Compensation, contact the applicable plan to inquire about your options upon separation from the County, such as penalty-free withdrawals once you stop working for the County, to begin distributions, or to roll over your account. If you were previously contributing to Empower Retirement (previously Great West), please call 800-701-8255. If you were previously contributing to ICMA, please call 800-669-7400.

Nationwide Deferred Compensation - Refer to the Fund Withdrawal and Payout Options Guide to learn about your options regarding withdrawals and distributions. To defer some or all of your final paycheck to your Nationwide account to lower the federal income taxes withheld, contact our Nationwide account manager.
Mike Ferguson at 509-385-7825 or FERGUSM9@nationwide.com. Mike will assist you with calculating an increased amount that is allowable based on your age and contribution limits, and will advise you on potential catch-up provisions – such as the Age 50+ Catch-Up or the Special 457 Catch-up.

Review current IRS contribution limits on the Nationwide website.

<table>
<thead>
<tr>
<th>Type of Deferral</th>
<th>Forms Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Deferral</td>
<td>Enrollment or Change Form (Submit to HR at mailstop 503)</td>
</tr>
<tr>
<td>Age 50+ catch-up</td>
<td>Enrollment or Change Form (Submit to HR at mailstop 503)</td>
</tr>
<tr>
<td>Special 457(b) catch-up</td>
<td>Change Form and Special Catch-Up Form (Coordinate with Nationwide)</td>
</tr>
</tbody>
</table>

**Flexible Spending Accounts (FSA)**

The Healthcare and Day Care FSA have different rules that are applied when you separate:

- **Health Care FSA** - You have the option of stopping participation (no action is required), accelerating payments, or electing to continue payments after tax through COBRA. The advantage of continuing participation under COBRA with after-tax dollars is to avoid forfeiting unused pre-tax contributions. The disadvantage is that you don’t benefit from the tax-savings advantage of the plan. You may submit claims for expenses incurred prior to or on your recorded termination date, if you do not extend your coverage through COBRA. All claims must be submitted prior to the end of the current Claims Filing Run Out Period – June 30th. If you wish to accelerate payments or elect to continue payments through COBRA, submit the FSA Termination Form at the time of your separation to Human Resources at mailstop 503. Call Navia Benefits at 800-669-3539 for more information.

- **Day Care FSA** - Your participation shall cease and no further salary redirection or contributions shall be made. You must submit claims for expenses incurred before your termination date. All claims must be submitted before the end of the Claim Filing Run Out Period – June 30th.

**Liberty Mutual Insurance Policies**

If you are enrolled in Liberty Mutual insurance policies, you may be eligible to continue your plan(s). Call Liberty Mutual at 360-704-0600 Ext. 56372 for more information.

**Life & Disability Insurance**

If you are enrolled in Basic Life, Supplemental Life, Supplemental Accidental Death and Dismemberment (AD&D), and/or Long Term Disability Insurance, coverage will end on the last day of the month in which you were in a paid status. You may be eligible to continue all or a portion of your Basic Life and Supplemental Life Insurance coverage without submitting evidence of good health through **Life Conversion or Portability** options:

- **Life Conversion**. The Life Conversion option provides the opportunity for you to obtain an individual life insurance policy that accumulates cash value and is offered at individual insurance rates. Premiums for a Life Conversion policy are substantially higher than your Employer Group plan rates.

- **Portability**. Under the Portability option you may obtain a group life insurance policy to continue 100%, 75%, or 50% of the amount of life insurance coverage (Basic, Supplemental, or both) you had under your Group plan up to a maximum amount.

If you would like more information, review Notice of Continuation of Coverage and fax it to 1-440-646-9339 to request a quote and necessary enrollment forms. You must make your request within 31 days from your group coverage termination. Please refer to the Certificate of Insurance for complete details. Call The Hartford at 1-877-320-0484 for more information.
Section 6 - Payroll Information

Direct Deposit
As soon as a Separation Personnel Action is received by Payroll, your direct deposit will be stopped and you will receive a check for your final pay.

Final Paycheck
Your final paycheck will be delivered to your department’s Payroll Liaison. Coordinate with your Payroll Liaison to receive your final paycheck. Your final paycheck will not be direct deposit.

- If you separate between the 1\textsuperscript{st} and the 15\textsuperscript{th} of the month, your final paycheck will be available on the 22\textsuperscript{nd} of the current month.
- If you separate between the 16\textsuperscript{th} and the 31\textsuperscript{st} of the month, your final paycheck will be available on the 7\textsuperscript{th} of the next month.

Charitable Campaign Contributions
To stop your Charitable Campaign Contributions, submit the Cancellation of Voluntary Deduction form to Finance/Payroll at mailstop 610.

Parking Garage
If you park in the Main Campus parking garage and pay your monthly fees via automatic payroll deduction, notify the Parking Garage of your last day at parking.garage@snoco.org or call 1-425-388-3348. Obtain and submit a cancellation form from/to the parking garage.

Union Dues
Union dues are deducted on the first pay of the month and are paying for the previous month. No action is required to stop this deduction.
Section 7 - Retirement Contacts

Snohomish County Human Resources - Benefits
Website: www.snohomishcountywa.gov/benefits
Phone: 425.388.3411 Ex. 0
Fax: 425.388.3579
3000 Rockefeller Avenue | Mailstop 503 | Everett, WA 98201
Email: human.resources@snoco.org

Department of Retirement Systems
Website: www.drs.wa.gov
Phone: 800.547.6657
Email: recep@drs.wa.gov

Empower Retirement (for DRS PERS3 members)
Website: www.drs.wa.gov/savewithwa
Phone: 888.327.5596
Email: savewithwa@empower-retirement.com

Social Security Administration (SSA)
Website: www.ssa.gov
Phone: 800.772.1213

Medicare
Website: www.medicare.gov
Phone: 800.633.4227

Internal Revenue Service (IRS)
Website: www.irs.gov
Phone: 800.829.1040

Statewide Health Insurance Benefits Advisors (SHIBA)
Website: www.insurance.wa.gov
Phone: 800.562.6900

Regence (Retiree Medical Plan)
Website: www.regence.com
Phone: 800.662.0301
## Section 8 - Retirement Checklist

<table>
<thead>
<tr>
<th>Retirement Checklist (Complete only applicable items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create a DRS account, complete a retirement benefit estimate, and/or <a href="#">apply for retirement</a></td>
</tr>
<tr>
<td>2. Notify DRS that you intend to retire at 1-800-547-6657 and follow the instructions provided</td>
</tr>
<tr>
<td>3. Review the county’s <a href="#">Employee Retirement Planning Guide</a> and <a href="#">retirement webpage</a></td>
</tr>
<tr>
<td>5. Review the DRS <a href="#">Retirement Planning Checklist</a></td>
</tr>
<tr>
<td>6. Notify your payroll liaison of your retirement date to calculate final pay and leave payouts</td>
</tr>
<tr>
<td>7. Notify your manager with written notice at least two weeks prior to your departure date</td>
</tr>
<tr>
<td>8. Meet with HR: email <a href="mailto:human.resources@snoco.org">human.resources@snoco.org</a> to request a retirement meeting</td>
</tr>
<tr>
<td>9. Plan your healthcare options (COBRA and <a href="#">Regence Retiree plan</a> available through the county)</td>
</tr>
<tr>
<td>10. If enrolling in the county’s retiree healthcare plan, review the <a href="#">Regence Retiree Plan Summary</a></td>
</tr>
<tr>
<td>11. If enrolling in the county’s retiree healthcare plan, review the <a href="#">Regence Retiree Plan monthly premiums</a></td>
</tr>
<tr>
<td>12. If enrolling in the county’s retiree healthcare plan, submit the <a href="#">Enrollment Form</a> to HR</td>
</tr>
<tr>
<td>13. If enrolling in the county’s retiree healthcare plan and using excess leave to pay the monthly premiums, ask your payroll liaison to complete the <a href="#">Prepaid Premiums Worksheet</a> and submit to HR</td>
</tr>
<tr>
<td>14. If enrolling in the county’s retiree healthcare plan and using your excess leave to pay the monthly premiums and you will cancel coverage when the prepaid months end, submit a letter/email to HR before you depart noting that you will cancel coverage when the prepaid months end</td>
</tr>
<tr>
<td>15. If enrolling in the county’s retiree healthcare plan and you will pay your monthly premiums through your DRS account, submit the <a href="#">DRS Authorization Form</a> to HR before you depart</td>
</tr>
<tr>
<td>16. Review the <a href="#">COBRA monthly premiums</a></td>
</tr>
<tr>
<td>17. Submit the <a href="#">Deferred Compensation Change Form</a> to HR to defer an amount of your final payout to your deferred compensation account</td>
</tr>
<tr>
<td>18. Apply to <a href="#">continue your life insurance</a> by submitting the <a href="#">Notice of Continuation of Coverage</a> within 31 days from your group coverage termination</td>
</tr>
<tr>
<td>19. Contact Aflac at 425-406-8946 to continue your plans via self-pay or through your DRS account</td>
</tr>
<tr>
<td>20. Submit the <a href="#">Flexible Spending Account Termination Letter</a> to HR continue Healthcare FSA through COBRA after-tax or to accelerate contributions</td>
</tr>
<tr>
<td>21. Submit the <a href="#">Personal Information Update Form</a> to Human Resources if you need to update your address</td>
</tr>
<tr>
<td>22. Notify the parking garage office at ex. 3348 to cancel monthly parking fees</td>
</tr>
<tr>
<td>23. Return your <a href="#">Orca Passport Card</a> to Facilities</td>
</tr>
<tr>
<td>24. Return keycard badge, keys, electronic devices, purchasing card, etc. to department coordinator</td>
</tr>
<tr>
<td>25. Coordinate with your payroll liaison to receive final paycheck (no direct deposit for final paycheck)</td>
</tr>
</tbody>
</table>