

DATE: _____

TO: Retiring CSEA Member

FROM: Human Resources

RE: Optional Retirement Benefits

NOTE: Kaiser members who move out of state may be required to change medical plans.

Under CSEA Article 11.1, bargaining unit employees employed by the district after July 1, 2017 with 15 or more years of service with the District are eligible to receive five (5) years of medical for the employee and spouse based on the CalPERS Blue Shield Access + HMO (Bay Area Group) two-party maximum.

Under CSEA Article 11.1, bargaining unit employees employed by the district prior to July 1, 2017 with ten or more years of service shall fall under a grandfather clause and retain retiree health and welfare benefits. I understand that the option I select listed below is irremovable.

Ten (10) years of medical for employee and spouse based on the CalPERS Blue Shield Access + HMO (Bay Area Group) two-party maximum.

Eight (8) years of medical for employee and spouse based on the CalPERS Blue Shield Access + HMO (Bay Area Group) two-party maximum; eight (8) years of dental for the employee and spouse (annual maximum of \$1500 and no orthodontia coverage, adopted 4/17/2002); and eight (8) years of vision coverage for employee and spouse.

Five (5) years of medical, dental and vision for employee and spouse based on the CalPERS Blue Shield Access + HMO (Bay Area Group) two-party maximum, dental and vision for employee and spouse and a total of \$10,000 payable to the employee in the 6th and 7th years in \$5,000 installments at the end of each fiscal year

No health and welfare benefits provided but will receive a total of \$20,000 payable over the at the end of each fiscal year for the next four years after retirement

Printed Name: _____

Employee Signature: _____

Date: _____

EmploymentProcessing\RETIREMENT OR RESIGNATION\Optional Retirement Benefit_CSEA