

**Florida Retirement System (FRS)**  
**Application for Health Insurance Subsidy for**  
**Investment Plan Retirees**

PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

The Health Insurance Subsidy (HIS) is a subsidy payment to retired members or a qualified beneficiary to assist in the payment of health insurance cost. The **HIS is not a health insurance policy**. Eligible retirees or beneficiaries will receive \$5 per month for each year of service credit earned. The payment is at least \$30 but not more than \$150 per month. The subsidy payment is contingent upon continued approval of the Florida Legislature.

**TO BE ELIGIBLE FOR THE HIS YOU MUST MEET ALL OF THE FOLLOWING CRITERIA:**

- You must meet the definition of termination by terminating employment and not becoming employed in any capacity with an FRS employer during the first six calendar months after your effective retirement date. Employment with any FRS employer during the seventh through twelfth calendar months after your effective retirement date will result in suspension of your health insurance subsidy benefits for the remainder of your reemployment limitation period. Exceptions for FRS retirees are outlined in Section 121.091(9), F.S. Prohibited employment includes full-time, part-time, temporary, other personal services (OPS), adjunct professors, poll workers, and contractual services.
- You must have the years of creditable service required to vest under the FRS Pension Plan.
- You must be retired, which means that you have taken a distribution from your FRS Investment Plan account other than a minimum required distribution or a mandatory de minimis distribution. A rollover of your FRS Investment Plan account to another qualified plan is a distribution.
- You must meet normal retirement by age or years of service under the FRS Pension Plan as defined in Section 121.021, F.S.
- You must have one of the following types of insurance coverage for the period during which you receive the subsidy payment: health; cancer; accident; disability; dental; vision; Medicare Part A and/or Part B; TRICARE; or military health coverage. Health coverage through Medicaid, Medically Needy Programs or the Health of the Brotherhood does not qualify as health insurance coverage for the HIS.

**APPLICATION PROCESS:**

To apply for the HIS, an FRS Investment Plan retiree who meets the eligibility criteria above or the qualifying beneficiary, must submit the HIS-IP, Application for Health Insurance Subsidy for Investment Plan Retiree along with the following information to the Division of Retirement (the division):

- The completed application form must be signed in the presence of a notary public.
- Certify your health insurance coverage to the division by properly completing form HIS-IP-2, Health Insurance Subsidy Certification for Investment Plan Retirees.
  - ☆ Medicare recipients may certify their health insurance coverage by completing Section C of the form HIS-IP-2 and attaching a photocopy of their signed Medicare card to the form.
  - ☆ TRICARE recipients may certify their health insurance coverage by completing Section C of the form HIS-IP-2 and attaching a photocopy of both sides of the Military Identification Card.
  - ☆ All other types of insurance coverage must be certified as provided in either Section A or B of the form.
- Proof of member's birth date - Proof of Birth must be legible. We will accept a photocopy of one of the following forms of proof except for "g," which requires photocopies of two of the items listed:
  - a. Copy of a birth certificate
  - b. Delayed birth certificate
  - c. Valid, unexpired U.S. passport
  - d. Census report more than 30 years old
  - e. Life insurance policy more than 30 years
  - f. If receiving Social Security benefits, a Benefit Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits.
  - g. Certificate of Naturalization
  - h. Florida driver's license issued after January 1, 2010 that indicates compliances with the federal REAL ID Act
  - i. In the absence of one of the above, a document from **two** of the following categories will be required:
    - (1) Birth certificate of child, showing age of parent (limit one)
    - (2) Baptismal certificate more than 30 years old
    - (3) Hospital record of birth
    - (4) School record at time of entering grammar school
- A copy of the member's death certificate will be required if a qualified beneficiary is applying for the subsidy.

**Note:** If the member meets the above eligibility requirements, then the earliest the HIS payment could be payable is the month after taking a distribution, provided the division receives forms HIS-IP and HIS-IP-2 within six calendar months following the distribution. If the division receives the application and certification forms seven or more months after the member's distribution, the retroactive HIS payment will be limited to the maximum of six months. HIS payments shall not be subject to assignment, execution or attachment or to any legal process whatsoever.

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Member Name	_____	Member SSN	_____
Member Date of Birth	_____	Applicant SSN If different	_____
Applicant Name If different	_____	Home Phone	_____
Applicant Date of Birth	_____	Daytime Phone	_____
Applicant relationship to Member	_____	Applicant Email	_____
Mailing Address	_____ _____ _____		

I hereby make application for the Health Insurance Subsidy payment. I certify that I am terminated from all Florida Retirement System employers as of \_\_\_\_\_, certify that I have retired (taken a distribution other than a minimum required distribution or a mandatory de minimis distribution) from the Florida Retirement System Investment Plan on \_\_\_\_\_ and meet the vesting, normal retirement and other eligibility criteria.

The following individual may be contacted, if necessary, in the event of my death (This is not a beneficiary designation):

Name	_____	Relationship	_____
Mailing Address	_____ _____ _____		
Telephone	_____		

**Applicant Signature:** (sign in the presence of a Notary) \_\_\_\_\_

**Notary:** State of \_\_\_\_\_, County of \_\_\_\_\_. The above named person who has sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and is personally known \_\_\_\_\_ or produced \_\_\_\_\_ as identification.

_____ Signature of Notary Public	_____ Print, type, or Stamp Commissioned Name of Notary Public
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**Florida Retirement System (FRS)  
Health Insurance Subsidy Certification for  
Investment Plan Retirees**



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**THIS FORM MUST BE COMPLETED AFTER YOUR TERMINATION DATE AND RETIREMENT.**

Member Name	_____	Member SSN	_____
Applicant Name If different	_____ _____	Applicant SSN If different	_____ _____
Mailing address	_____ _____ _____	Home Phone	_____
		Daytime Phone	_____

**Complete the section below, which will provide the earliest insurance policy date.**

<b>SECTION A: Former (non-state) employer or People First Service Center (1-866-663-4735) for state agencies</b>			
( )	This is to certify that _____ has health insurance coverage effective _____ and is currently covered through our agency.		
Signature:FRS Agency Representative or People First Representative	Date	FRS Agency Name	Phone #

<b>SECTION B: Insurance Company</b>			
( )	This is to certify that _____ has health insurance coverage with _____ . The effective policy date was _____ (Company Name)		
Company Representative Signature	Date	Company Address	Phone #

<b>SECTION C: MEDICARE or Military Insurance</b>  ( ) I have attached either a MEDICARE or military ID/TRICARE card.  <b>PLEASE DO NOT SEND YOUR ORIGINAL CARD. It will not be returned</b>  NOTE: We will use your Medicare effective date to determine your HIS effective date. Your HIS effective date cannot be earlier than your Medicare effective date.	<b>ATTACH COPY OF CARD HERE (MEDICARE OR MILITARY ID/TRICARE CARD)</b>
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# FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN TERMINATION AND REEMPLOYMENT AFTER RECEIVING THE HEALTH INSURANCE SUBSIDY BENEFIT

Toll Free: 844-377-1888    Locally: 850-907-6500    Email: [Retirement@dms.fl.gov](mailto:Retirement@dms.fl.gov)

To receive a health insurance subsidy (HIS) benefit, you must terminate all employment relationships with all FRS-participating employers and retire by receiving a distribution from your Investment Plan account. You are not considered retired if you receive a Required Minimum Distribution (RMD) or an auto De Minimis distribution. If you are dually employed with one or more FRS-participating employers, you must terminate employment from all positions (including non-FRS covered positions). You must terminate from all positions that include, but are not limited to:

- full time work
- part time work
- other personal services (OPS)
- election poll work
- substitute teaching
- adjunct instructing
- contractual services
- third-party companies providing services to FRS-participating employers

**You are subject to the following termination requirement and reemployment restriction in the first 12 calendar months following your distribution date that could affect your HIS benefits:**

## **TERMINATION REQUIREMENT: 1st through 6th calendar months**

**During the first six calendar months** following your distribution date, not including your month of distribution, you cannot provide services (through paid or unpaid arrangements) in any capacity to any FRS-participating employer. Providing services to an FRS-participating employer in any capacity during this six-calendar month period will nullify your eligibility for HIS benefits, and you and your FRS-participating employer will be held jointly and severally liable to repay all HIS benefits. This means that each party can be held fully responsible for the repayment of the total amount of retirement benefits. **There are no exceptions to the six-calendar month termination requirement.**

### **Example of a violation:**

- You terminate from FRS-participating employment on July 31 and receive a distribution from your Investment Plan account in November. Your six-calendar month termination period is from December to May. You apply for HIS benefits in November but become employed with an FRS-participating employer in January. Your HIS benefits are cancelled, and you and your FRS-participating employer will be held jointly and severally liable to repay the HIS benefits you received in December and January.

## **REEMPLOYMENT LIMITATION: 7th through 12th calendar months**

**During the 7<sup>th</sup> through 12<sup>th</sup> calendar months** following your distribution date, you may provide services to an FRS-participating employer if, and only if, you suspend your monthly HIS benefits. If your HIS benefits are not suspended, you and your hiring FRS-participating employer will be held jointly and severally liable to repay all HIS benefits you received since becoming reemployed. An exception to the reemployment restriction is provided for retired law enforcement officers reemployed as school resource officers in accordance with section 121.091(9)(f), Florida Statutes.

### **Example of a suspension of benefits:**

- You terminate from all FRS-participating employment on September 30 and receive a distribution from your Investment Plan account in January. Your 7<sup>th</sup> through 12<sup>th</sup> calendar month period is from August to the following January. You apply for HIS benefits in January, the same month you received a distribution, but become employed with an FRS-participating employer in August. Your HIS benefits must be suspended from August through the following January. Your benefits will resume in February when you reach your 13<sup>th</sup> calendar month of retirement.

## FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN TERMINATION AND REEMPLOYMENT AFTER RECEIVING THE HEALTH INSURANCE SUBSIDY BENEFIT

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**If you provide services to an FRS-participating employer during the 7<sup>th</sup> through 12<sup>th</sup> calendar months following your distribution date, not including your month of distribution, you must notify the division by submitting a [Form FR-23, Florida Retirement System Pension Plan Notification of Reemployment for Suspension of Retirement Benefits](#).** You can obtain this form from our website, [frs.myflorida.com](http://frs.myflorida.com), or by contacting the division using the information provided above.

Beginning with the 13<sup>th</sup> calendar month from your distribution date, there are no restrictions on working for an FRS-participating employer.

For more information about the effects of reemployment on your retirement benefits, visit our website, [frs.myflorida.com](http://frs.myflorida.com), where you can view our “[READY.SET.RETIRE.](#)” guide that further explains the FRS reemployment provisions. If you have questions regarding your Investment Plan account call 1-866-446-9377, option 4, or visit [MyFRS.com](http://MyFRS.com).

If you have any further questions about reemployment after retirement, you may contact the division using the information provided above. When emailing the division, include your full name, the last four digits of your Social Security number, your date of birth, and contact information.