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Retirement Incentive

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| Revision Number: 01 | Effective Date: 04/27/2020 |
| Supersedes: 0 | Issue Date: 04/06/2020 |
| Revision Date: 04/28/2020 | Approvals: HR Director:  Commission:  |

PURPOSE

Designed to facilitate the retirement of those employees who wish to and are eligible to retire prior to becoming eligible for Medicare, and or to reduce the financial impact of employees who become disabled.

SCOPE

This policy sets forth guidelines for participation in the Retirement Incentive initiative.

POLICY & PROCEDURES

The Retirement Incentive includes opt in participation of the County Health group plan.

- A. The employee must notify the HR Director, under the direction of the Board of Commission a final decision of eligibility will be made.
- B. Eligibility – Current employee, spouses, and qualified dependents. The employee is eligible for the extended health care coverage for a maximum of three years.
- C. The position of the retiree candidate must be able to be replaced at the maximum rate of 65% of the current wage. The replacement position will remain in a state of review for a period of 30 calendar days BEFORE the position is filled. The new candidate will have a set base salary for a period of three years, which will be stated in the offer letter. *Any need for modification will include commission, department head and or Elected Official the HR Director.*
- D. Should a participant or spouse become eligible for coverage under some other group plan, he or she would become ineligible under this policy. Coverage would cease at the end of the month following the eligibility. If a covered individual becomes eligible for Medicare, the other covered individual(s) may continue coverage subject to the other rules of this policy.
- E. Retirement Incentive

The County will provide **an incentive of \$1,000.00 per month for up to three years. The employee may choose how to receive the incentive, (URS contribution, Insurance payment, HSA contribution, Check, Etc.)**

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F. Premium Calculation

1. The employee, spouse included, will be allowed to continue health insurance under the County's group plan.
2. The contribution will be agreed upon by employee, HR Director and Commission, if there is a balance remaining above the retirement incentive, the Employee is responsible for the remaining premium balance.

3. Payment

- a. An eligible employee can apply any accrued leave, compensatory time, and 50% of any accrued sick leave from the sick leave bank upon retirement toward the premium
- b. Determination shall be made within 30 days of retirement and may not be changed
- c. Participants must pay their portion of the premium by the 20th day of the preceding month of coverage

4. Long-Term Disability Provisions

- a. Uintah County will subsidize the employee premium contribution according to the premium calculation for retirees (listed in paragraph 2 above). The premium subsidy will cease when the disabled employee either returns to work, becomes eligible for other group coverage, or becomes eligible for Medicare whether by age or disability status.
- b. Employees on disability status will be administratively terminated after two years from the date of approval of SSA, disability or upon death, and the premium subsidy will cease. At which time, the employee, spouse and dependent children will become eligible for COBRA coverage and will be subject to those provisions.

2. **Employee Assistance Program (EAP)**, coverage ceases on the same day group health coverage terminates.
3. **Life Insurance** continuation of benefit is optional.
4. **Long-Term Disability** coverage ceases upon termination of employment unless the employee is receiving the benefit up termination of employment.
5. **Employee Fund** coverage ceases upon termination of employment.
6. **Holiday Pay** ceases upon termination of employment
7. **Educational Assistance** coverage ceases upon termination of employment
8. **Leave** coverage ceases upon termination of employment. All accrued leave shall be paid to employee at time of separation at the current rate on the separation date, unless it is otherwise encumbered in a contractual agreement between the employee and the County.

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Participants covered by Benefit Continuation Policy 450, will continue without interruption until no longer eligible under 450 eligibility guidelines:

Should a participant or spouse become eligible for coverage under some other group plan, he or she would become ineligible under this policy. Coverage would cease at the end of the month following the eligibility.