



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

CITY OF FORT LAUDERDALE BENEFITS ELECTION FORM – RETIREES

Rev: 2 | Date: 02/04/2026 | Print Date: 02/04/2026

2026 ENROLLMENT FOR RETIREE BENEFITS

All enrollment elections must be received by Benefits, HR before the end of the month in which you retire.

1. Retiree Data (please print):				
LAST NAME		FIRST NAME		MI
ADDRESS		CITY	STATE	ZIP CODE
CELL PHONE		EMAIL		

**** ALL RATES ARE MONTHLY ****

Have you reviewed the Health Insurance Marketplace? If not, go to www.healthcare.gov to compare rates for the current year.

2. Cigna MEDICAL Plans for UNDER Age 65 Retirees:			
<input type="checkbox"/> *Opt-Out/Decline (Refer to Page 2)			
Coverage Tier	OAPIN1 (HMO1)	OAPIN2 (HMO2)	CDHP (With HRA)
Retiree Only	<input type="checkbox"/> \$1,008.30	<input type="checkbox"/> \$917.75	<input type="checkbox"/> \$885.37
Retiree+Spouse/DP	<input type="checkbox"/> \$2,068.56	<input type="checkbox"/> \$1,916.40	<input type="checkbox"/> \$1,816.60
Retiree+Child	<input type="checkbox"/> \$1,362.14	<input type="checkbox"/> \$1,290.88	<input type="checkbox"/> \$1,181.42
Retiree+Children	<input type="checkbox"/> \$1,866.90	<input type="checkbox"/> \$1,754.59	<input type="checkbox"/> \$1,635.47
Family	<input type="checkbox"/> \$2,876.41	<input type="checkbox"/> \$2,648.18	<input type="checkbox"/> \$2,543.55
Adult Child (Age 26-30): Post-Tax	<input type="checkbox"/> Tier Above + \$353.84/ Adult Child	<input type="checkbox"/> Tier Above + \$373.13/ Adult Child	<input type="checkbox"/> Tier Above + \$277.07/ Adult Child

Cigna MEDICAL Plans for OVER Age 65 Retirees:			
<input type="checkbox"/> *Opt-Out/Decline (Refer to Page 2)			
Coverage Tier	OAPIN1 (HMO1)	OAPIN2 (HMO2)	CDHP (With HRA)
Retiree Only	<input type="checkbox"/> \$907.47	<input type="checkbox"/> \$825.98	<input type="checkbox"/> \$796.83
Retiree+Spouse/DP	<input type="checkbox"/> \$1,861.70	<input type="checkbox"/> \$1,724.76	<input type="checkbox"/> \$1,634.94
Retiree+Child	<input type="checkbox"/> \$1,253.93	<input type="checkbox"/> \$1,161.79	<input type="checkbox"/> \$1,063.28
Retiree+Children	<input type="checkbox"/> \$1,680.21	<input type="checkbox"/> \$1,579.13	<input type="checkbox"/> \$1,471.92
Family	<input type="checkbox"/> \$2,588.77	<input type="checkbox"/> \$2,383.36	<input type="checkbox"/> \$2,289.20
Adult Child (Age 26-30): Post-Tax	<input type="checkbox"/> Tier Above + \$353.84/ Adult Child	<input type="checkbox"/> Tier Above + \$373.13/ Adult Child	<input type="checkbox"/> Tier Above + \$277.07/ Adult Child

3. Cigna DENTAL Plans:			
<input type="checkbox"/> *Opt-Out/Decline (Refer to Page 2)			
Coverage Tier	DPPO (IAFF)	DHMO	DPPO
Retiree Only	<input type="checkbox"/> \$33.36	<input type="checkbox"/> \$18.11	<input type="checkbox"/> \$56.88
Retiree + Spouse/DP	<input type="checkbox"/> \$60.98	<input type="checkbox"/> \$31.71	<input type="checkbox"/> \$106.57
Retiree + Child(ren)	<input type="checkbox"/> \$54.07	<input type="checkbox"/> \$38.06	<input type="checkbox"/> \$109.56
Family	<input type="checkbox"/> \$95.54	<input type="checkbox"/> \$53.34	<input type="checkbox"/> \$138.09

4. VSP VISION Plan:		
<input type="checkbox"/> *Opt-out/Decline (Refer to Page 2)		
Coverage Tier	Core Plan	Buy-Up Plan
Retiree Only	<input type="checkbox"/> \$4.58	<input type="checkbox"/> \$7.89
Retiree + Spouse/DP	<input type="checkbox"/> \$9.15	<input type="checkbox"/> \$15.78
Retiree + Child(ren)	<input type="checkbox"/> \$9.79	<input type="checkbox"/> \$16.89
Family	<input type="checkbox"/> \$15.65	<input type="checkbox"/> \$26.99

6. DEPENDENT INFORMATION: Please complete this section if you wish to add or delete a dependent. If you have any additional children to add or delete, mark here and list on a separate sheet. New dependents may not be added to any plan unless there is a qualifying event or HIPAA Special Enrollment Rights. Refer to the **Retiree** button on the Benefits webpage at www.fortlauderdale.gov/benefits for Frequently Asked Questions, Important Notices, dependent eligibility criteria, qualifying events, and time frames.

Add	Delete	LAST NAME	FIRST NAME	SOCIAL SEC #	DOB MM/DD/YYYY	SEX M/F	Medical	Dental	Vision
		Spouse/DP							
		Child							
		Child							
		Child							



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IMPORTANT ACKNOWLEDGMENTS

***Opting-Out/Decline or Canceling Coverage:** If you opt-out or cancel coverage, you cannot re-enroll. Any decision to decline coverage is irrevocable and you may not re-enroll at a later date.

- I authorize any licensed provider to release to the plan administrators for review, any medical, dental and vision records for me and/or my enrolled dependents.
- I have reviewed dependent eligibility criteria, documentation requirements and time frames to report a qualifying event (such as new marriage/domestic partnership, divorce etc.) to the Benefits Division, HR.
- I agree for myself and covered dependents to be bound by the benefit plans coverage terms, conditions, exclusions and limitations as specified in the certificates of coverage, summary plan descriptions and other governing documents.
- I authorize deductions from my pension to cover my designated contributions toward the cost of insurance and understand that my deductions can change if my coverage or costs change.
- Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement or claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree per Florida Statute Section 817.234. Such individuals will be removed from the plan(s).

7. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND AGREE TO THE IMPORTANT ACKNOWLEDGMENTS ON THIS ELECTION FORM.	
Retiree Signature	Date

Benefit Information about Health Plans is available for your review at www.fortlauderdale.gov/benefits. All enrollment elections must be received by Benefits, HR before the end of the month in which you retire. Change requests received after the month in which you retire will not be processed.

Three (3) ways to submit this completed form (and any required documents):

1. Fax to: 954-828-5328 (Retain a copy of the fax confirmation)
2. Drop Off in Person to Benefits Division, HR at 101 NE 3rd Ave. Suite 1650 (Retain a copy, stamped by HR, as proof of receipt)
3. Mail to: City of Fort Lauderdale (Retain proof of mailing)
Attn: Benefits, HR
401 SE 21st Street
Fort Lauderdale, FL 33316

For questions, please contact Benefits, HR at 954-828-5160.

Please keep a copy of this completed form for your records and make sure you retain proof of submitting this form (i.e. fax confirmation or US postal receipt)

Check the deductions following your retiree enrollment on your pension check and report any discrepancies to Benefits, HR as directed below:

- **Upon Retirement:** prior to receiving your second pension check
- **Annual Open Enrollment:** no later than January 9 of the following year
- **Mid-year Enrollment:** within 30 days after your life event is processed