

DROP Exit Checklist

**** PLEASE BE SURE TO CAREFULLY COMPLETE ALL REQUIRED FIELDS. FAILURE TO DO SO WILL CAUSE A DELAY IN PROCESSING YOUR BENEFIT ****

- Complete all Retirement System forms, including:
 1. **DROP Exit Notification Form:** Indicate how you want to receive payment of your DROP balance and when your last day worked/DROP exit date is. You have the following options for your DROP lump sum:
 - **Refund:** Lump sum distribution minus taxes will be direct deposited into the checking account used for your direct deposit (unless otherwise requested).
 - **Rollover:** If you have elected to rollover your entire balance will be directly rolled to pre-tax retirement fund (ex: Traditional IRA). A designated official of the receiving financial institution must complete the “Rollover Information” field on the back of the form.
 - **Refund/Rollover:** Your balance will be divided between refund and rollover based on percentage or dollar amount of your choice.
 - **100% Increase to Base Benefit:** Your entire lump sum is used towards an increase in your base benefit (no lump sum distribution).
 - **50% Increase to Base Benefit:** 50% of lump-sum is used to increase base benefit. The remaining 50% is a lump-sum benefit paid to you as you elect (refund, rollover, or a combination refund/rollover)
 2. **Tax Withholding Forms**
 - **W4P**
 - **VA4P** (if applicable)
 3. **Direct Deposit Form:** Please either attach a VOIDED check or have a bank representative complete the bottom portion of the form.

- Return completed forms to your Retirement Analyst via
 - E-mail: SCDavis@fcps.edu or Stephanie.Davis2@fairfaxcounty.gov
 - Fax: 703-653-9543
 - Mail (please do not send through courier)
 - Locked drop box (after hours)
 - Walk-Ins: M – F from 11am – 2pm **walk-ins are for dropping off forms, please call or email directly with any questions **

All questions regarding health, life or dental insurance processes should be directed to FCPS Benefits at HRConnection@fcps.edu or (571) 423-3200, option 3, option 2. An HR-461 form is attached for your convenience. This form is not processed by FCERS and should be sent directly to FCPS Human Resources at:

8115 Gatehouse Road, Falls Church, VA 22042

DROP Exit Notification

Last Name:		First Name:		Middle Initial:
Address:		City:	State:	Zip:
Social Security #:	Phone #:		Date of Birth: Month Day Year	
Non-county email:	Department and position:		<input type="text"/>	<input type="text"/>
Address your retirement pay advices/other information will mailed, <u>if different from above</u> :				
Last Day Worked/DROP Exit Date:				

This form MUST be completed when you terminate the Deferred Retirement Option Program (DROP). This form must be received by the Retirement Systems NO LESS than 60 days prior to DROP exit date. **If you do NOTHING with this form**, and do not choose elections for your DROP account disbursement, your DROP account balance will be used to increase your monthly retirement benefit. The amount of the increase will be determined based on the actuarial equivalent of your DROP account balance.

After you have returned a completed form and you have been paid for final hours worked, your disbursement will be processed no later than the last business day of the following month.

This form MUST be received by the Retirement Systems Office NO LESS THAN 60 days prior to DROP Exit date!

Indicate below, how you want to receive payment of your DROP balance. **SELECT ONLY ONE BOX**

A. Lump Sum Refund

B. Rollover* *Any post-tax portion of your account balance will be paid directly to you in the form of a check as that portion of your balance can NOT be rolled over since you have already paid taxes on those dollars.

C. _____\$ or % Rolled Over and _____\$ or % Lump Sum Refund

D. Use 100% of your DROP balance to *increase* your retirement benefit

E. Use 50% of your DROP balance to *increase* your retirement benefit and 50% distribution in the following manner:
 _____\$ or % Rolled Over and _____\$ or % Lump Sum Refund

~ Please complete the front and back of this form and retain a copy for your records ~

Please return this original form to:

Refunds and Taxes

You will receive your lump sum refund by direct deposit. You may also choose to have all or part of your refund rolled over via a check into an Individual Retirement Account (IRA) or to an employer's Plan that will accept the funds. This "direct rollover" or "eligible rollover distribution" is explained on the attached sheets.

The amount or percentage of any lump sum refund is subject to a mandatory 20% federal tax-withholding. In addition, it is subject to Virginia state tax withholding at the rate of 4% unless you indicate below that you are not subject to paying those taxes because: (1) you are not a resident of Virginia; (2) you incurred no income tax liability for last year and do not expect to incur a liability for this year; or (3) you expect your Virginia adjusted gross income to be less than \$5,000 if single; \$8,000 if married filing a joint return; or \$4,000 if married filing a separate return. If under the age of 55, you may also be subject to a penalty from the IRS.

I certify that I am **not** subject to Virginia tax withholding for one of the reasons listed above. _____
Initial here

PLEASE NOTE: For a rollover by direct transfer of funds, the box below **MUST** be completed and signed by a designated official **AND you must sign below** in addition to signing in the other required signature spots. The box does not need to be completed if you are requesting a **refund** be paid to you.

★ **Signature** _____ **Date** _____
(Your signature above authorizes the distribution of your DROP balance and interest according to the election on the reverse)

ROLLOVER INFORMATION

Please have an official of the financial institution or employer's plan, which will be receiving a direct rollover of a portion of your refund complete and sign the section below. Please note that only one such rollover will be permitted. All requested information must be supplied before any funds are transferred.

I certify that the account below is eligible to receive the direct rollover of the taxable portion of this distribution.

_____		_____	
Name of Financial Institution/Fund		Financial Institution Phone Number	

Address of Financial Institution		City	State
_____		_____	_____
_____		_____	
Rollover Account Number		Date	
_____		_____	
Printed Name and Title of Official		Signature of Official	

Note: Any taxable DROP exit lump sum payment (not a rollover) that you receive directly may be subject to a 10% IRS penalty when you file your taxes. For example: in 2016, if you are under age 55, you may be subject to a 10% penalty.

**This information is provided only as general information and should not be considered as legal or tax advice. Please consult a tax professional before taking a distribution from your DROP Account.*

Withholding Certificate for Periodic Pension or Annuity Payments

2023

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependent and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions (continued)

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**FORM VA-4P INSTRUCTIONS
VIRGINIA DEPARTMENT OF TAXATION
WITHHOLDING EXEMPTION CERTIFICATE FOR RECIPIENTS OF
PENSION AND ANNUITY PAYMENTS**

Use this form to notify your pension administrator or other payer whether income tax is to be withheld, and on what basis.

Am I required to file Form VA-4P? Yes. You MUST file Form VA-4P with your pension or annuity payer before your payments begin. If you do not file Form VA-4P, your payer is required to withhold Virginia income tax from your payments as if you had claimed zero exemptions.

Can I elect "no withholding"? You may use this form to elect "no withholding"

if you have made a similar election for federal purposes, or if you meet any of the conditions listed in the instructions for Line 4 of Form VA-4P on the reverse side of this sheet.

What if I have other income? If you have income from other sources which is not subject to Virginia income tax withholding, you should consider making estimated tax payments on Form 760ES or requesting that an additional amount of tax be withheld from your pension or annuity payment. You can download Form 760ES or electronically

file your estimated payment on our website, www.tax.virginia.gov. You may also order Form 760ES by calling (804) 367-8037 or contacting your local commissioner of the revenue.

How do I complete Form VA-4P? Be sure to read the instructions on the reverse side of this page carefully before completing Form VA-4P. If you need assistance, you may contact the Department of Taxation at (804) 367-8037.

PERSONAL EXEMPTION WORKSHEET

1. Enter "1" for yourself..... _____
2. If you are married and your spouse is not claimed on his or her own certificate, enter "1"..... _____
3. Enter the number of dependents you will claim on your income tax return (do not include your spouse)..... _____
4. Subtotal of Personal Exemptions – add Lines 1-3 _____
5. Exemptions for age
 - a) If you will be 65 or older on January 1, enter "1"..... _____
 - b) If you claimed an exemption on Line 2 above and your spouse will be 65 or older on January 1, enter "1"..... _____
6. Exemptions for blindness
 - a) If you are legally blind enter "1"..... _____
 - b) If you claimed an exemption on Line 2 above and your spouse is legally blind, enter "1"..... _____
7. Subtotal of Age and Blindness Exemptions – add Lines 5 & 6 _____
8. **Total exemptions (add Lines 4 and 7)** _____

----- CUT HERE AND SEND TO THE PAYER OF YOUR PENSION OR ANNUITY -----

**Form VA-4P Virginia Withholding Exemption Certificate for
Recipients of Pension and Annuity Payments**

Your Social Security Number	Name		
Street Address			
City	State	ZIP Code	

Complete the applicable lines below:

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions – Line 4 of the Personal Exemption Worksheet..... _____
 - (b) Subtotal of Age and Blindness Exemptions – Line 7 of the Personal Exemption Worksheet..... _____
 - (c) Total Exemptions – Line 8 of the Personal Exemption Worksheet..... _____
2. Enter the amount of additional withholding requested (see instructions)..... _____
3. Enter the amount of voluntary withholding requested (see instructions)..... _____
4. I certify that I am not subject to Virginia withholding, either because I have elected "no withholding" for federal purposes, or I meet the conditions for exemption set forth in the instructions for Form VA-4P. **(Check here.)**

Signature _____ Date _____

FORM VA-4P
LINE BY LINE INSTRUCTIONS
PERSONAL EXEMPTION WORKSHEET

In order to compute the proper amount of Virginia income tax withheld, your payer must know the number of personal exemptions you are entitled to claim. The Personal Exemption Worksheet is designed to allow you to review all of the possible exemptions so that you can choose the appropriate number to report to your payer.

You may not claim more exemptions on Form VA-4P than you are entitled to claim on your income tax return, unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

Retain this worksheet for your records.

FORM VA-4P

Be sure to enter your name, address, and Social Security number in the spaces provided. Your payer must have this information to properly identify your withholding liability.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions – Line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness – Line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions – Line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have an additional amount withheld from your payment, enter the amount on Line 2.

Line 3. If you elected “no withholding” for federal purposes, but wish to have Virginia income tax withheld, enter the amount you want withheld from each payment on Line 3.

Line 4. If you are not subject to Virginia withholding, check the box on Line 4. You are not subject to Virginia withholding if you meet any of the following conditions:

- (a) You elected “no withholding” for federal purposes; or
- (b) You are not a resident of Virginia; or
- (c) You incurred no income tax liability for last year and do not expect to incur a liability for this year; or
- (d) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

Sign Form VA-4P, cut at the line indicated, and file the completed form with your payer.

Direct Deposit Authorization Agreement

INSTRUCTIONS: Before you submit this application, please have a representative of your banking institution **verify your account number and bank transit/ABA routing number** or attach a blank check marked "VOID". Completed forms should be mailed to the **Fairfax County Retirement Systems Office**, 12015 Lee Jackson Memorial Highway, Suite 350, Fairfax, VA 22033.

A copy of your driver's license, passport, or photo ID is REQUIRED if requesting a change to your existing banking information.

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
Social Security #: (last 4 digits)	Phone #:		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Email:		

I authorize the County of Fairfax, Virginia to initiate credit entries to my account indicated above in the depository named below. This includes my authorization to correct entries made in error.

Since there is a slight possibility that my account will not be credited in a timely manner, I understand that I must check with my depository to verify that my account has in fact been credited before engaging in any financial transaction that is dependent on the existence of the credit entry.

This authority is to remain in effect until the County of Fairfax has received written notification from me of its termination in such time and in such manner as to afford the County of Fairfax a reasonable opportunity to act on it. I also understand that should my bank change any of its account or routing numbers I will have to submit a new form with the updated information to the Retirement Systems so the correct account will continue to be credited.

***Benefit payments will be sent electronically to the account and routing number provided on the Direct Deposit Authorization Form. Please ensure accurate information is provided to ensure timely receipt of funds.
Deposits can only be made to Domestic U.S. Banks***

Signature: _____ Date: _____

To Be Verified By Banking Institution – OR attach a blank check marked "VOID"

This form must be signed by a bank representative before it can be processed **OR ATTACH A CHECK MARKED "VOID"**.

Name of Depository/Bank: _____

Address: _____

BK/TRANSIT/ABA Routing Number: _____ Account # _____

Financial Institution Certification: I confirm the transit/routing number and account number for the individual named above. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Signature of Representative: _____ Date: _____ Phone: _____

DROP EXIT

DROP = Deferred Retirement Option Program



SCHOOLS

INTRODUCTION

The Fairfax County Retirement System was established to help provide you with financial security at retirement.

This booklet summarizes your Retirement System (“System”) benefits. You can find more detailed information about the System in the County Code (Chapter 3, Article 2). All System benefits are subject to the provisions of the Code of Virginia and the Fairfax County Code, as well as applicable rules, regulations and resolutions of the Board of Trustees of the Retirement System. Those statutes, ordinances, rules, regulations and resolutions are controlling in the event of any conflict with this booklet. The System’s plan year ends June 30. Records are maintained on a fiscal year basis.

Fairfax County Retirement Systems
12015 Lee Jackson Memorial Highway Suite 350
Fairfax, VA 22033
703-279-8200

1-800-333-1633
fax 703-653-9543

www.fairfaxcounty.gov/retirement/

**This DROP EXIT handbook is for members of the
Fairfax County Retirement System.**

If you should need a sign language interpreter or any type of special accommodation, auxiliary aid, or translation assistance, please call the Retirement Systems office at 703-279-8200 or the Virginia Relay Service at 1-800-828-1120 (TDD) or 1-800-828-1140 (voice).

I'm Almost Ready to Exit DROP ... What Do I Do? Is Counseling Available?

If you are within 3-6 months of your mandatory DROP Exit date, a DROP Exit packet will be mailed to your home address. If you plan to retire prior to your mandatory exit date, call the Retirement Systems office at (703) 279-8200 to request one.

After receiving the DROP Exit packet, contact your Retirement Counselor with any specific questions. Members may wish to visit the Retirement Systems office to drop off forms and ask questions. Retirement Counselors are available Monday - Friday between 11 :00 am - 2:00 pm for walk-in hours.

When Can I Exit DROP? What Will I Receive?

After three years, you must Exit DROP and retire. You may decide to retire before mandatory exit without penalty. Your monthly retirement benefit was calculated at DROP Entry. Please review your DROP Entry worksheet or view your Web Member Services account for more detailed information.

What Happens to Sick Leave When I Exit DROP?

At DROP Entry, sick leave is converted into service and used towards your retirement calculation. Any sick leave accrued during your DROP period, must be used during DROP. All remaining sick leave at Exit, will be lost.

Pre-Social Security Benefit (Pre-SSB):

If you exit DROP BEFORE you are eligible for unreduced Social Security benefits, you will receive an additional temporary benefit. You will receive this Pre-SSB until the first month after you are entitled to receive an unreduced Social Security benefit. This benefit is the same for all plans and is $1.0\% \times \text{FAS (up to the Social Security Breakpoint)} \times \text{Benefit Service}$. The total is then increased by 3%.

Note: ERS Plan A & B DROP participants receive the Pre-SSB while in DROP. ERS Plans C & D DROP participants do not receive the Pre-SSB while in DROP.

The time that you become eligible for unreduced Social Security benefits, your Pre-SSB will automatically cease. Even if you choose to receive early Social Security benefits, at or after age 62, your Pre-SSB will not cease until you reach the age for full Social Security benefits.

Social Security Eligibility

Year of Birth	Year You Will Turn 62	Your Age for Full Benefits
1937 or earlier	1999 or earlier	65 years
1938	2000	65 years, 2 months
1939	2001	65 years, 4 months
1940	2002	65 years, 6 months
1941	2003	65 years, 8 months
1942	2004	65 years, 10 months
1943 - 1954	2005 - 2016	66 years

1955	2017	66 years, 2 months
1956	2018	66 years, 4 months
1957	2019	66 years, 6 months
1958	2020	66 years, 8 months
1959	2021	66 years, 10 months
1960 or later	2022 or later	67 years

Retirement Timing Decisions

After three years, you must Exit DROP and retire. There are several things you may want to consider before deciding when during the course of the year you wish your retirement to become effective.

Leave Implications: You may wish to retire before any excess annual leave is converted to sick leave or, you may choose to wait until after any excess annual leave is converted to sick leave, since some or all of your sick leave will count towards retirement service credit for retirement or DROP entry.

Please note: Any sick leave earned during DROP is use or lose; your retirement benefit will not be re-calculated at the end of the DROP.

Tax Implications: You may wish to choose a retirement date that allows your annual leave/compensatory time payoff to be paid after January 1 so that it will not be included as part of your taxable salary for your last year of employment.

Other Questions

Deductions/Taxes: You will also have to make decisions about any deductions or tax withholding you may wish to have taken from your retirement check.

Deductions for FCPS/County group term life and dental and health insurance premiums, as well as contributions you request, such as deposits to your credit union may be taken from your retirement benefits. In addition, federal and Virginia state income tax will be withheld at your request. If you are liable for another state's taxes, you will have to file estimated tax forms with that state.

**Premiums for Health, Dental, and Life Insurance will be automatically deducted from your monthly pension payment as long as your retirement payment is sufficient to cover your premiums. If your retirement payment is not large enough to cover your premiums, we will coordinate with the FCPS Benefits Office and you will be billed separately for the premiums.*

Can Your Benefits Be Assigned, Attached or Garnished? No, except to the extent permitted by Virginia law for spousal and/or child support or for Internal Revenue Service (IRS) tax levy or Chapter 13 bankruptcy court orders.

Will You Receive Cost-of-Living Adjustments (COLAs) as a Retiree? Yes. Retirees and DROP participants receive COLAs based on the lower of 4% or the Consumer Price Index increase for the Washington, D.C. area each year on July 1. COLAs are pro-rated in your first year of retirement and DROP participation.

Will Your Retirement Benefit Be Taxed? Retirement benefits are generally taxable. Contributions you made prior to January 1, 1985, however, have already been taxed and are not taxable again. According to IRS regulations, a small portion of these already-taxed contributions will be included in each of your retirement payments. At the end of each year, you will be sent a IRS Form 1099-R showing the taxable and previously taxed benefits paid to you that year along with the amount of any taxes you have had withheld.

What Information Will I Need to EXIT DROP?

- A completed DROP EXIT Notification form
- Authorized Payroll Deduction Form
- Completed Direct Deposit Authorization Agreement Form.

*In the absence of completed forms, taxes will be withheld at the married with three exemptions rate for federal taxes (one exemption for Virginia state taxes)

Your First Retirement Payment

Retirement benefits are paid once a month on the last business day of the month. Since your first payment will include all retirement benefits earned from your date of retirement, it is often larger than subsequent payments. First payment will be paid on the last business day of the month following your DROP exit date. Monthly benefit payment information can be found in Web Member Services (WMS) on the Retirement Systems website by clicking on Benefit Payroll History. Your current month's payment displays upon entry to that link.

If you plan to move after you retire, remember to notify your payroll clerk to provide your new address to them so your W-2 Form will not be delayed. Also remember to turn in your School System ID Card and any keys or other School System property in your possession.

Direct Deposit

All benefit payments are made via Direct Deposit. You may have your funds deposited in nearly any bank, savings and loan or credit union. To sign up for Direct Deposit, complete the Retirement Systems Direct Deposit Authorization Agreement. To change banks or account numbers, visit our website under "Forms A-Z" and download a blank Direct Deposit form. Once completed, please mail or fax the form to the Retirement Systems office.

Online Access to Your Retirement Account

It is important for you to keep abreast of changes in the laws and provisions that could affect your retirement and other benefits. All information affecting your benefits can be found on the Retirement Systems website at <http://www.fairfaxcounty.gov/retirement>. Notice the "Announcements" field on each page for any current notifications.

By creating an account within Web Member Services, retirees can view their benefit payroll

history, tax withholding, deductions and more. Retiree information in WMS is updated in the middle and at the end each month. In addition, WMS provides a link to fairfaxNET so retirees can access Fairfax County news articles as well as Benefits and Open Enrollment information. Information in fairfaxNET is CURRENT.

To visit Web Member Services, go to <http://www.fairfaxcounty.gov/retirement> and click on Retirement Account Log In in the left navigation bar. Establish an account by choosing a Username and Password. Log in and proceed. You will see a link to fairfaxNET at the bottom of the left navigation bar.

Beneficiary and Address Changes

When you retire, if you have not elected a Joint and Last Survivor Option for your current spouse (as legally recognized in the state of Virginia) you will be asked to name a beneficiary to receive the balance of your contributions should you die before they are exhausted. If your beneficiary or address changes, you should notify the Retirement Systems by calling 703-279-8200 or 1-800-333-1633, TTY 711, and request the appropriate form.

Please note: Any future changes to your address should be recorded directly with the Retirement Systems office and the Office of Benefits Services.

Other Considerations

Credit Union

All FCPS retirees may continue as members, or join as new members, of the Fairfax County Employees Credit Union or Apple Credit Union. Deductions to the Apple Credit Union may be taken from your retirement check and you may elect to have your retirement benefit directly deposited into either Credit Union account. If you have a loan with the Credit Union and are making payments from your paycheck, you must contact the Credit Union and let them know to begin taking the payments from your retirement check instead. For more information contact the Fairfax County Employees Credit Union at 4201 Members Way, Fairfax VA 22030 or call 703-218-9900 or the Apple Credit Union at P.O. Box 1200, Fairfax VA 22030 or call 703-323-0246.

Fitness Center

The Employee Fitness and Wellness Center (EFWC) is operated by the Fairfax County Park Authority and is open to all Employees & Retirees of Fairfax County Government and FCPS. Members of the EFWC may designate one person, over 18 years of age, who lives in the same household as them to join the EFWC under their account. Hours and rates are the same as for active employees. For information on rates, classes and schedule, please call 703-324-5590.

Prohibition Regarding Future Employment Activities

Any employee who retires from FCERS may not be reemployed by the school system until that employee has severed employment for up to one year. During that period, the school system shall not reemploy the retiree in any capacity (regular or hourly) nor shall it retain the employee as an independent contractor or consultant. For more information and comprehensive rules for the reemployment of retirees, contact the FCPS Department of Human Resources and refer to Regulation 4774.4.

Social Security and Medicare

Social Security: Most retirees born before 1938 are eligible to receive unreduced Social Security retirement benefits at age 65 (increasing to age 67 for those born in 1960 or after – see table on pages 2 & 3). Reduced benefits are available as early as age 62). You may be eligible to receive those benefits based on your own earnings or on the earnings of your current or former spouse. In addition, Social Security provides benefits for those who are disabled and for surviving spouses and children. Surviving spouses (including divorced spouses) may be eligible to receive survivor benefits as early as age 60 or earlier if they are disabled or caring for eligible children. Social Security also provides Supplemental Security Income (SSI) benefits for those with low incomes and limited assets who are blind, disabled or over age 65.

For more information or to apply for Social Security benefits call 1-800-772-1213 or visit <http://www.socialsecurity.gov>. When applying for Social Security retirement benefits its best to apply about 3 months before the month you want to begin receiving benefits.

Medicare: For additional information, you may want to contact Medicare for the publication entitled Medicare and You available from Medicare Publications, 1-800-MEDICARE (1-800-633-4227) or visit the Medicare website to review that publication and other resources they have available. You can access Medicare information online by visiting their website at <http://www.medicare.gov>.

Medicare should not be confused with Medicaid. Medicaid is the health plan for low-income individuals with limited assets and is usually operated by State welfare or human service agencies. Some individuals may qualify for both plans and may not have to pay any out-of-pocket expenses for their medical care. If you think you may qualify, call the Social Security Administration at 1-800-772-1213.

Laws governing Medicare, Medicaid, and health insurance are subject to change. Pay attention to all mail from Fairfax County and FCPS and watch the websites listed above, and other media for information.

Services for Older Adults and Volunteer Opportunities

Fairfax County has a reputation of being one of the best places in the country to find any type of service for the elderly. These include senior centers throughout the County where classes and activities are held; many publications geared to the needs of the elderly; home based care programs providing meals, regular visits and other care for the homebound; help with housing, medical forms, and other needs; as well as many opportunities for volunteering and recreation tailored to seniors.

The Fairfax Area Agency on Aging, publishes The Golden Gazette, a FREE monthly publication covering news to use for older adults in the Fairfax area. Each month, The Golden Gazette features senior center highlights, a community calendar, a gardening column and articles on important and timely health, legal, financial and consumer issues. The Golden Gazette is available in print, large print and electronic format. Visit <https://www.fairfaxcounty.gov/older-adults/goldengazette> for information on how to subscribe.

The volunteer programs operated by the Area Agency on Aging (AAA) encompass many

distinct aspects of service to the older population in the Fairfax area. Many of these programs involve volunteers over the age of 18 in direct service with clients 60 years old and over. A wish list of volunteer opportunities working with older adults is available by calling the Volunteer Solutions Intake number at 703-324-5406, TTY 711.

Most communities are served by their own Area Agencies on Aging or other government agency providing similar services. Consult your phone directory for more information.

The Fairfax County Department of Family Services has a Division that provides services to older adults and adults with disabilities. Information can be found at <https://www.fairfaxcounty.gov/familyservices/older-adults>. Family Services also offers a wide array of volunteer opportunities that provide you with the opportunity to make a difference in your community. You can find additional information at <https://www.fairfaxcounty.gov/dfs/About/VolOps.htm>.

Fairfax County Retired Employees Association (FCREA)

Any retired Fairfax County employee or surviving spouse is eligible for membership in the Fairfax County Retired Employees Association. The FCREA is not affiliated with Fairfax County Government, FCPS, or the Retirement Systems.

In addition to being a voice on issues of interest and importance to County retirees, the group tries to schedule a variety of recreational activities throughout the year.

Annual Membership is \$5.00 to join and a renewal fee of \$5.00 each July 1, or Lifetime Membership for \$50.00. For more information or to join the Association, call 301-937-7070. FCREA publishes a bimonthly newsletter for its membership called Hot Flashes.



Fairfax County
PUBLIC SCHOOLS
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**The following form will NOT be processed
by the Retirement Systems office.**

**Return the 'Retiree Medical & Dental Enrollment and Change Form' (HR-461) to FCPS
Department of Human Resources by mail, email, or fax:**

Mail to: FCPS Department of Human Resources
Office of Benefit Services
8115 Gatehouse Rd., Suite 2700
Falls Church, VA 22042

E-Mail: HRBenefitsDocumentation@fcps.edu

Fax: 571-423-5000

**Insurance and benefit-related questions should be addressed to the FCPS Office of
Benefit Services by phone or email:**

Phone: 571-423-3200, Option 3

E-Mail: HRConnection@fcps.edu

2023 Dental Rates for ERFC and FCERS Retirees

Aetna DPPO		Aetna DNO	
Coverage Level	Monthly Total Rate	Coverage Level	Monthly Total Rate
Individual	\$55.22	Individual	\$21.25
Retiree + 1	\$93.88	Retiree + 1	\$36.15
Family	\$133.11	Family	\$51.14

2023 Medical Rates¹ for ERFC Retirees

(Subsidy applies to age 55 and older)

Medical Plan	Monthly Total Rate	ERFC Subsidy Applies to Age 55 & Older	Monthly Total Rate Minus Subsidy
Cigna Open Access Plus (OAP) (Available to retirees not eligible for Medicare)			
Individual	\$682.98	\$100.00	\$582.98
Retiree + 1 (no Medicare)	\$1,365.97	\$100.00	\$1,265.97
Family	\$1,707.48	\$100.00	\$1,607.48
Aetna Group Medicare Advantage PPO (Medicare eligible retirees)			
Medicare Individual	\$410.71	\$100.00	\$310.71
Double Medicare	\$821.42	\$100.00	\$721.42
Cigna Open Access Plus (OAP) + Aetna Group Medicare Advantage PPO (Medicare + Non Medicare eligible participants)			
1 Medicare + 1 Individual	\$1,093.69	\$100.00	\$993.69
1 Medicare + 2 Individuals	\$1,707.48	\$100.00	\$1,607.48
Double Medicare + 1 Individual	\$1,504.40	\$100.00	\$1,404.40
Medicare + Family	\$1,707.48	\$100.00	\$1,607.48
Double Medicare + Family	\$1,707.48	\$100.00	\$1,607.48
Kaiser Permanente HMO (Non Medicare retirees who live in the local KP HMO service area)			
Kaiser Permanente Medicare Advantage (Medicare retirees who live in the local KPMA service area)			
Individual	\$715.26	\$100.00	\$615.26
Retiree + 1 (no Medicare)	\$1,430.53	\$100.00	\$1,330.53
Family	\$1,788.17	\$100.00	\$1,688.17
Medicare Individual	\$251.22	\$100.00	\$151.22
Double Medicare	\$502.44	\$100.00	\$402.44
1 Medicare + 1 Individual	\$966.48	\$100.00	\$866.48
1 Medicare + 2 Individuals	\$1,681.75	\$100.00	\$1,581.75
Double Medicare + 1 Individual	\$1,217.70	\$100.00	\$1,117.70
Medicare + Family	\$1,788.17	\$100.00	\$1,688.17
Double Medicare + Family	\$1,788.17	\$100.00	\$1,688.17

¹FCPS requires all Medicare-eligible retirees to elect Medicare Parts A and B when first eligible. This includes retirees/spouses/dependents eligible due to disability. Refer to www.Medicare.gov for premiums/surcharges applicable to Medicare coverage.

2023 Medical Rates¹ for FCERS Retirees

(Subsidy applies to age 55 and older)

Your medical rate will be the monthly total rate for your plan and coverage MINUS a subsidy based on your years of service (see *Retiree Benefits Handbook*).

Medical Plan	Monthly Total Rate	\$ 15 Subsidy	\$ 25 Subsidy	\$ 50 Subsidy	\$ 100 Subsidy	\$ 125 Subsidy	\$ 150 Subsidy	\$ 175 Subsidy
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Cigna Open Access Plus (OAP)

(Available to retirees not eligible for Medicare)

Individual	\$682.98	\$667.98	\$657.98	\$632.98	\$582.98	\$557.98	\$532.98	\$507.98
Retiree+1 (no Medicare)	\$1,365.97	\$1,350.97	\$1,340.97	\$1,315.97	\$1,265.97	\$1,240.97	\$1,215.97	\$1,190.97
Family	\$1,707.48	\$1,692.48	\$1,682.48	\$1,657.48	\$1,607.48	\$1,582.48	\$1,557.48	\$1,532.48

Aetna Group Medicare Advantage PPO

(Medicare eligible retirees)

Medicare Individual	\$410.71	\$395.71	\$385.71	\$360.71	\$310.71	\$285.71	\$260.71	\$235.71
Double Medicare	\$821.42	\$806.42	\$796.42	\$771.42	\$721.42	\$696.42	\$671.42	\$646.42

Cigna Open Access Plus (OAP) + Aetna Group Medicare Advantage PPO

(Medicare + Non Medicare eligible participants)

1 Medicare + 1 Ind.	\$1,093.69	\$1,078.69	\$1,068.69	\$1,043.69	\$993.69	\$968.69	\$943.69	\$918.69
1 Medicare + 2 Ind.	\$1,707.48	\$1,692.48	\$1,682.48	\$1,657.48	\$1,607.48	\$1,582.48	\$1,557.48	\$1,532.48
Double Med. + 1 Ind.	\$1,504.40	\$1,489.40	\$1,479.40	\$1,454.40	\$1,404.40	\$1,379.40	\$1,354.40	\$1,329.40
Medicare + Family	\$1,707.48	\$1,692.48	\$1,682.48	\$1,657.48	\$1,607.48	\$1,582.48	\$1,557.48	\$1,532.48
Double Med. + Family	\$1,707.48	\$1,692.48	\$1,682.48	\$1,657.48	\$1,607.48	\$1,582.48	\$1,557.48	\$1,532.48

Kaiser Permanente HMO (Non Medicare retirees who live in the local KP HMO service area)

Kaiser Permanente Medicare Advantage (Medicare retirees who live in the local KPMA service area)

Individual	\$715.26	\$700.26	\$690.26	\$665.26	\$615.26	\$590.26	\$565.26	\$540.26
Retiree+1 (no Medicare)	\$1,430.53	\$1,415.53	\$1,405.53	\$1,380.53	\$1,330.53	\$1,305.53	\$1,280.53	\$1,255.53
Family	\$1,788.17	\$1,773.17	\$1,763.17	\$1,738.17	\$1,688.17	\$1,663.17	\$1,638.17	\$1,613.17
Medicare Individual	\$251.22	\$236.22	\$226.22	\$201.22	\$151.22	\$126.22	\$101.22	\$76.22
Double Medicare	\$502.44	\$487.44	\$477.44	\$452.44	\$402.44	\$377.44	\$352.44	\$327.44
1 Medicare + 1 Ind.	\$966.48	\$951.48	\$941.48	\$916.48	\$866.48	\$841.48	\$816.48	\$791.48
1 Medicare + 2 Ind.	\$1,681.75	\$1,666.75	\$1,656.75	\$1,631.75	\$1,581.75	\$1,556.75	\$1,531.75	\$1,506.75
Double Med. + 1 Ind.	\$1,217.70	\$1,202.70	\$1,192.70	\$1,167.70	\$1,117.70	\$1,092.70	\$1,067.70	\$1,042.70
Medicare + Family	\$1,788.17	\$1,773.17	\$1,763.17	\$1,738.17	\$1,688.17	\$1,663.17	\$1,638.17	\$1,613.17
Double Med. + Family	\$1,788.17	\$1,773.17	\$1,763.17	\$1,738.17	\$1,688.17	\$1,663.17	\$1,638.17	\$1,613.17

Key to Coverage Level Rates

Individual: You (the individual) do not have Medicare coverage.	1 Medicare + 1 Individual: You + 1 dependent. One individual has Medicare coverage and one individual does not.
Retiree + 1 (no Medicare): You + 1 dependent; no one has Medicare coverage.	1 Medicare + 2 Individuals: You + 2 dependents. One individual has Medicare coverage and two individuals do not.
Family (Retiree + 2 or more): You + 2 or more dependents; no one has Medicare coverage.	Double Medicare + 1 Individual: You + 2 Dependents. Two individuals have Medicare coverage and one individual does not.
Medicare Individual: You (the individual) have Medicare coverage.	Medicare + Family: One individual has Medicare coverage and 3 or more individuals do not.
Double Medicare: You + 1 dependent. Both you and your dependent have Medicare coverage.	Double Medicare + Family: Two individuals have Medicare coverage and 3 or more individuals do not.

¹FCPS requires all Medicare-eligible retirees to elect Medicare Parts A and B when first eligible. This includes retirees/spouses/dependents eligible due to disability. Refer to www.Medicare.gov for premiums/surcharges applicable to Medicare coverage.



Retiree Medical & Dental Enrollment and Change Form

Action requested due to: (check all that apply)

<input type="checkbox"/> Retirement	<input type="checkbox"/> Utilizing One Time Re-Entry Right	<input type="checkbox"/> Re-employed Retiree Terminating Active Employment
<input type="checkbox"/> Cancelling Coverage	<input type="checkbox"/> Changing Plans due to Medicare Eligibility	<input type="checkbox"/> Adding or Dropping Dependents
<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Other (describe): _____	
Requested Effective Date of Change: _____		

To ensure your request is processed as quickly as possible, please read the instructions and important information below:
 Requested elections/changes to your coverage must be made **within 30 calendar days** of the event. See page 2 for the effective date of change. If you are requesting to add dependents not currently covered on your FCPS plan, you must supply required supporting documentation. Find a complete list of documentation requirements at www.fcps.edu; search keywords "Dependent eligibility".

1. Your Information (Please print clearly)

Your Name (Last, First, MI)	Date of Birth
Your Home Address (street and apt. number)	Social Security Number (SSN) or Employee ID Number
City, State, Zip Code	Home Phone
Email Address	Alternate Phone

Are you the surviving spouse of an FCPS employee/retiree? Yes No
 If yes, please provide the name and SSN or EIN of the employee/retiree: _____

2a. Medical Plan Election

I would like to: **Enroll/change coverage** (Complete Sections 2b and 2c) **Cancel/decline coverage**

2b. Choose a Medical Plan

<input type="checkbox"/> Aetna Medicare Advantage (Medicare Members) and/or Cigna Open Access Plus (non-Medicare Members) <i>Medicare members: Aetna Medicare Advantage & SilverScript</i> <i>Non-Medicare members: Cigna Open Access Plus & CVS Caremark</i>	<input type="checkbox"/> Kaiser Permanente <i>Medicare members: Kaiser Permanente Medicare Advantage</i> <i>Non-Medicare members: Kaiser Permanente Signature HMO</i>
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Note: Electing a Medicare Advantage plan requires enrollment in Medicare Part A & Part B.
 All retirees/covered dependents must enroll in Medicare Parts A & B when first eligible.

2c. Select Your Level of Coverage

Coverage for yourself only <input type="checkbox"/> Individual (no Medicare) <input type="checkbox"/> Individual (Medicare)	Coverage for yourself + 1 dependent <input type="checkbox"/> Retiree + 1 (no one has Medicare) <input type="checkbox"/> 1 Individual + 1 Medicare (one has Medicare, and one does not) <input type="checkbox"/> Double Medicare (both have Medicare)	Coverage for yourself and 2+ dependents <input type="checkbox"/> Family (no one has Medicare) <input type="checkbox"/> Family with Medicare (1 or more has Medicare)
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3a. Dental Plan Election

I would like to: **Enroll/change coverage** (Complete Sections 3b and 3c) **Cancel/decline coverage**

3b. Choose a Dental Plan

Aetna Dental PPO Aetna Dental DNO
If electing the DNO plan, you MUST contact Aetna Dental to designate a primary care dentist (PCD).

3c. Select Your Level of Coverage

Coverage for yourself only <input type="checkbox"/> Individual	Coverage for yourself + 1 dependent <input type="checkbox"/> Retiree + 1	Coverage for yourself and 2+ dependents <input type="checkbox"/> Family
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For ERFC Use Only: Payment Source: Annuity Deduction Direct Bill

4. If you are electing FCPS Medical coverage, are you eligible for Medicare Parts A & B due to age or disability?

Note: If not enrolling in FCPS medical coverage, go to Section 5 (if electing dental).

- Yes If Yes, please provide your Medicare Beneficiary Identifier (MBI): _____
- No Part A Effective Date: _____ Part B Effective Date: _____

Please attach a copy of your card to this form.

I understand that it is my responsibility (and the responsibility of my covered dependents) to apply for Medicare Parts A & B when first eligible and provide a copy of my Medicare card to the Office of Benefit Services within 30 calendar days of receipt. Failure to apply for Medicare Parts A & B, including eligibility due to disability, will result in cancellation of medical coverage.
 Retiree Initials _____

5. Dependent Enrollment Information

List only the names of those individuals you wish to ADD to coverage. To drop dependents use box 6. Skip to section 7 if no dependents.

Name (Last, First, MI) and Social Security Number (see box 9)	Gender, Relationship, and D.O.B.	Plans to Enroll In	Medicare Info (Attach copy of Medicare card. If you are not enrolled in Medicare, please skip this section.)
Dependent Name SSN	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spouse <input type="checkbox"/> Child _____ Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Medical Only <input type="checkbox"/> Dental Only <input type="checkbox"/> Both Medical & Dental	Medicare Effective Date: Part A _____ Part B _____ MBI# _____
Dependent Name SSN	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spouse <input type="checkbox"/> Child _____ Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Medical Only <input type="checkbox"/> Dental Only <input type="checkbox"/> Both Medical & Dental	Medicare Effective Date: Part A _____ Part B _____ MBI# _____
Dependent Name SSN	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spouse <input type="checkbox"/> Child _____ Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Medical Only <input type="checkbox"/> Dental Only <input type="checkbox"/> Both Medical & Dental	Medicare Effective Date: Part A _____ Part B _____ MBI# _____

6. Remove Dependents

Complete only if YOU, the retiree, are retaining coverage and are requesting to remove the dependent(s) listed below from FCPS medical and/or dental coverage.

Name (Last, First, MI)	Relationship	Remove from
_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child _____ Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Medical & Dental
_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child _____ Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Medical & Dental
_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child _____ Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Medical & Dental

Coverage Effective Dates:

- If enrolling for coverage as a newly retired employee, you must submit this form **within 30 calendar days of your date of retirement**. Coverage will then take effect on the first day of the month following your date of retirement. If your date of retirement is the first day of the month, retiree coverage will become effective on that date.
- If requesting a change in enrollment due to a family status change or qualifying event, your request must be submitted **within 30 calendar days of the status change or qualifying event**, with changes in coverage effective the first day of the month after the qualifying event. You will need to supply the required supporting documentation. Find a complete list of documentation requirements at www.fcps.edu; search keywords "Dependent eligibility".

7. Acceptance or Opt Out

I hereby elect (or decline) coverage under the FCPS health plan on behalf of myself and each eligible dependent. I understand that coverage will be provided according to the terms and conditions of the contract between the insurance carrier(s) and Fairfax County Public Schools (FCPS), and applicable FCPS directives. I understand the following provisions apply:

- I must notify the Office of Benefit Services of any change in status which would cause me – or my enrolled dependents - to cease to be eligible for benefits under the FCPS health and/or dental plans. This includes the death of a covered dependent, divorce, or a dependent child reaching the maximum age limit.
- If I am the surviving spouse of a deceased employee/retiree, I must notify the Office of Benefit Services **within 30 calendar days** if I remarry. Reminder - I am not eligible for FCPS coverage if I remarry.
- If I fail to notify the Office of Benefit Services by filing the appropriate forms, I will be responsible for any claims and/or premiums paid on behalf of any individual who ceased to be eligible for benefits under the policy.
- If I elect coverage for myself but choose not to cover my eligible dependent(s), I may only add dependents during Open Enrollment or **within 30 calendar days** of a qualifying event. Examples of qualifying events include eligibility for Medicare, termination of spouse's employment, significant increase in my dependent's cost of coverage, and/or loss of eligibility under spouse's health and/or dental plan. See the *FCPS Retiree Benefits Handbook* for more information.
- I have the ability to cancel FCPS coverage and re-enter the plan(s) at a later date if I meet all of the following criteria:
 - I was enrolled in an FCPS medical and/or dental plan on the date immediately prior to my retirement; **and**
 - I am eligible to enroll in FCPS retiree coverage based on FCPS regulations; **and**
 - I am enrolled in Medicare Parts A, B, and D or a Medicare Advantage Plan with pharmacy benefits. If I wish to cover my dependents, all dependents must be enrolled in Medicare (same parts as above); **and**
 - I apply for coverage within 30 days of a qualifying event (or during Open Enrollment); **and**
 - I provide proof of other continuous health/dental coverage for the preceding 12 or more consecutive months; **and**
 - I have not previously utilized my re-entry right.
- It is my responsibility to keep my address up to date with my Retirement Agency (or the Office of Benefit Services, if no longer receiving a retirement benefit) and remain informed of any changes to the plan that might affect my eligibility or my dependent(s) eligibility.
- By completing and signing this enrollment form, I am making a binding election with regard to my benefits. I authorize FCPS to take the necessary deduction from my retirement annuity to pay my share of the cost of coverage, including any retroactive deductions if required. This authorization applies to future plan years unless I modify or cancel my coverage. If my retirement annuity will not accommodate the deduction, I will be invoiced by OptumFinancial Services.

Retiree Name (Last, First, MI): _____

Retiree Signature: _____

Date: _____

8. Submission

Scan and email form to: HRBenefitsDocumentation@fcps.edu

Or fax to: Office of Benefit Services at 571-423-5000

Or mail to: Department of Human Resources
Office of Benefit Services, Suite 2700
8115 Gatehouse Road
Falls Church, VA 22042

Questions?

Contact the Office of Benefit Services at
571-423-3200 option 3, or
email your questions to
HRConnection@fcps.edu.

Remember to keep a copy of this form for your records. If you fax this form, also keep a copy of your fax machine's transmission report as documentation that we received the form by the deadline. Forms that are received after applicable deadlines cannot be accepted.

9. Notes

Patient Protection and Affordable Care Act:

Reporting requirements of the Patient Protection and Affordable Care Act require employers to file an annual report with the IRS that includes Social Security numbers (SSNs) for all individuals, including spouses, and dependent children enrolled in employer-sponsored medical plans (IRC Section 6055). You are required to provide FCPS with the SSNs of all covered dependents to comply with this requirement.

Medicare, Medicaid and SCHIP Extension Act of 2007:

Medicare, Medicaid and SCHIP Extension Act of 2007, 42 U.S.C. 1395y (b) (7) & (8), mandates employers to submit SSNs of all medical plan enrollees who are age 45 and over or are Medicare eligible regardless of age to the Center for Medicare and Medicaid Services.

Nondiscrimination and Foreign Language Assistance

FCPS health plans comply with applicable Federal civil rights laws, including Section 1557 of the Affordable Care Act (Nondiscrimination in Health Programs and Activities). In compliance with the Act, FCPS health plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. FCPS health plans also prohibit denial of health care or health coverage based on an individual's sex, including discrimination based on pregnancy, gender identity, and sex stereotyping. The Plan also provides important protections for individuals with disabilities and enhances language assistance for people with limited English proficiency. Each tagline listed below reads, "If you speak [native language], language assistance services, free of charge, are available to you. Call 571-423-3200."

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 571-423-3200.

AMHARIC (አማርኛ)

አዎንታዊ ማረጋገጫ ለሌሎች ለማግኘት ለሌሎች ለማግኘት ለሌሎች ለማግኘት . 571-423-3200 ይደውሉ .

ARABIC (عربية)

تنبيه: إذا كنت تتكلم العربية ، وخدمات المساعدة اللغوية ، مجاناً ، تتوفر لك . تفضل اتم 3200-423-571 .

BENGALI (বাংলা)

দৃষ্টি আকর্ষণ: আপনি বাংলা , ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপস্থিত . 571-423-3200 কল .

CHINESE (普通话)

注意: 如果你说中国话, 语言协助服务, 免费的, 都可以给你. 拨打571-423-3200 .

FRENCH (Français)

ATTENTION: Si vous parlez français , les services d'assistance de langues, gratuitement , sont à votre disposition. Appelez 571-423-3200 .

GERMAN (Deutsch)

ACHTUNG: Wenn Sie Deutsch sprechen , Sprachassistentendienste sind kostenlos , zur Verfügung. Rufen Sie 571-423-3200 .

HINDI (हिंदी)

ध्यान दें: आप हिंदी , भाषा सहायता सेवाओं, नि: शुल्क बोलते हैं, तो आप के लिए उपलब्ध हैं। 571-423-3200 बुलाओ।

IBO (Igbọ asusu)

Ntị : Ọ bụnyị na ị na-ekwu okwu n'ala Igbọ , asusu aka ọnyị , n'efu , dị ka gị. Akpọ 571-423-3200 .

KOREAN (한국어)

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 571-423-3200 를 호출합니다.

KURU (Bàsító-wàdù-pò-nyò)

Dè dè nàà kè dyéré gbo: Ọ jù lè ìn Bàsító-wàdù-pò-nyò jù ní, ní, à wuqú ká tò dè pò-pò kèin ìn gbo kpáa. Dá 571-423-3200.

PERSIAN FARSI (فارسی)

توجه: اگر شما فارسی صحبت می کنید ، خدمات کمک زبان رایگان در دسترس شما هستند . پاسخ 3200-423-571 .

RUSSIAN (Русский)

ВНИМАНИЕ : Если вы говорите России , переводческие услуги , бесплатно , доступны для вас . Звоните 571-423-3200 .

SPANISH (Español)

ATENCIÓN : Si usted habla español , servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame a 571-423-3200.

TAGALOG (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulung sa wika nang malang bayad. Tumawag sa 571-423-3200.

URDU (اردو)

توجہ: اگر آپ اردو بولتے ہیں تو ، مفت زبان کی مدد کی خدمات آپ کو دستیاب ہیں . 571-423-3200 پر کال کریں .

VIETNAMESE (Tiếng Việt)

Chú ý : Nếu bạn nói tiếng Việt , các dịch vụ hỗ trợ ngôn ngữ , miễn phí, có sẵn cho bạn . Gọi 571-423-3200 .

YORUBA (èdè Yorùbá)

AKYESI: Bí ó bá nso èdè Yorùbá dè ní iranloye lori èdè na fun ọ. Ẹ pe ẹyọ-ibanisọnyọ yi 571-423-3200.