

**Florida Retirement System Pension Plan
Health Insurance Subsidy Certification Form**

Retired Payroll Section
PO BOX 3090
Tallahassee FL 32315-3090
850-488-4742 Toll Free: 888-377-7687

PAYEE SSN: _____

PAYEE NAME: _____

I hereby make application for the Health Insurance Subsidy (HIS). I have read the instructions on the enclosed sheet and checked one of the four boxes below. **I have checked the one box below that provides the earliest insurance coverage date.**

For FRS processing only

SIGNATURE OF PAYEE

DATE

TELEPHONE NUMBER

SECTION A: To be completed by Payee who will have health premiums deducted from pension payment

This is to certify that I have already completed the required paperwork to have payroll deduction of my health insurance premium from my Florida Retirement System (FRS) monthly benefit. I understand the subsidy will be added AFTER the insurance deduction begins. ****Please check with your former employer (local agencies) or the People First Service Center (state agencies) if you have questions about premium deductions from your retirement benefit.**

SECTION B: To be completed by former FRS (non-state) employer or People First Service Center (1-866-663-4735) for state agencies

This is to certify that the above named payee had health insurance coverage effective _____ and is currently covered through our agency.

Signature:FRS Agency Representative
or People First Representative

Date

FRS Agency Name

Phone #

SECTION C: To be completed by Insurance Company - (insurance cards are not accepted.)

This is to certify that the above named payee has health coverage with _____ (Company Name) with an effective policy date of _____ (Date). (Please use the earliest possible coverage date).

Company Representative Signature

Date

Company Address

Phone #

SECTION D: Payee provides MEDICARE or Military Insurance information

**ATTACH A PHOTOCOPY OF CARD HERE.
(MEDICARE or MILITARY ID/TRICARE)**

I have attached a photocopy of either a MEDICARE or Military ID/TRICARE card.

**PLEASE DO NOT SEND YOUR ORIGINAL CARD.
It will not be returned.**

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.