



REQUEST FOR PUBLIC SAFETY SUBSIDY FORM

(City of Phoenix Public Safety/EORP Retirees Only)

251 W. Washington, 7th Floor Phoenix, Arizona 85003

www.phoenix.gov/benefits

Phone (602) 262-4777

Fax (602) 534-2848

Scan/Email to public.subsidy@phoenix.gov

SECTION 1 – PRINT Retiree or Survivor Information

SSN	Last Name	First Name, Middle Initial
Mailing Address - check box if new <input type="checkbox"/>	Phone	Email
Select ONE	Date of Birth Month/Day/Year	NOTES:
<input type="checkbox"/> New Retiree <input type="checkbox"/> New Survivor <input type="checkbox"/> Renewal-Annual Update <input type="checkbox"/> Newly Medicare <input type="checkbox"/> Change of Address		If you know your City of Phoenix employee ID number, please list it below:
	Effective date of new coverage	
Type of Coverage	Monthly Subsidy Amounts (max)	
<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage (If family coverage, you must complete Section 5 dependent information)	\$150-single, not Medicare eligible \$260-family, no one Medicare eligible	
	\$100-single, Medicare \$170-family, both Medicare	
	\$215-combo, at least one Medicare	

SECTION 2 – MEDICAL

<input type="checkbox"/> New Coverage	Retiree/Survivor Monthly Premium:	Carrier Name:
<input type="checkbox"/> Changed Coverage	Dependent Cost:	
<input type="checkbox"/> No change in coverage	Total Monthly Premium: \$	

SECTION 3 – DENTAL

<input type="checkbox"/> New Coverage	Retiree/Survivor Monthly Premium:	Check one: <input type="checkbox"/> City of Phoenix Retiree <input type="checkbox"/> PSPRS/State of Arizona Retiree <input type="checkbox"/> Private
<input type="checkbox"/> Changed Coverage	Dependent Cost:	
<input type="checkbox"/> No change in coverage	Total Monthly Premium: \$	

SECTION 4 – VISION

<input type="checkbox"/> New Coverage	Retiree/Survivor Monthly Premium:	Check one: <input type="checkbox"/> City of Phoenix Retiree <input type="checkbox"/> PSPRS/State of Arizona Retiree <input type="checkbox"/> Private
<input type="checkbox"/> Changed Coverage	Dependent Cost:	
<input type="checkbox"/> No change in coverage	Total Monthly Premium: \$	

SECTION 5 - DEPENDENT INFORMATION

Last Name, First Name	Relationship	SSN	DOB (mm/dd/yyyy)	Sex
Signature:				



PSPRS Subsidy Agreement Terms

By completing the subsidy agreement, you agree to understanding the following:

1. That the individual signing this document is retired from a sworn public safety position with the City of Phoenix or is a survivor of such a retiree.
2. That the retiree and dependents, if applicable, provides satisfactory evidence of enrollment in a medical health insurance plan. *The retiree and spouse may both be enrolled in the same plan as a family or separately with individual coverage permitting the retiree is primary on coverage (not a dependent).*
3. That the retiree must annually provide evidence of enrollment and the monthly insurance premium amount.
4. That the City of Phoenix shall tender to retiree, the Premium Benefit (subsidy) received by Phoenix from PSPRS on behalf of the retiree monthly, permitted that the amount is not greater than of the premium being charged to the retiree. This will be accomplished by adding the subsidy to the retiree's monthly MERP amount. If a retiree does not currently receive MERP, a monthly payment in the amount of the subsidy will occur.
5. That this agreement will be cancelled if the City does not receive satisfactory proof of plan enrollment and monthly premium amount by the deadline requested each year.
6. **That the retiree keeps the Phoenix Benefits Office promptly advised of his/her current address, telephone number and any change in circumstances relating to his/her enrollment status and premium amounts at 602-262-4777 or public.subsidy@phoenix.gov. Overpayments resulting from changes not reported to the Benefits Office by the retiree will be recovered through the retiree's MERP benefit if applicable.**
7. The parties hereto expressly covenant and agree that in the event of a dispute arising from this agreement, each of the parties waives any right to a trial by jury. In the event of litigation, the parties hereby agree to submit to a trial before the Court. The parties hereto further expressly covenant and agree that in the event of litigation arising from this agreement, neither party shall be entitled to an award of attorney fees, either pursuant to the Contract, pursuant to A.R.S. Section 12-341.01 (A) and (B), or pursuant to any other state or federal statute.

Please contact Desirée Pompa directly at 602-534-6182 or public.subsidy@phoenix.gov with any subsidy related questions. ***Please do not contact the Public Safety Personnel Retirement System (PSPRS) Office with questions about this subsidy payment. This subsidy payment is administered by the City of Phoenix Benefits Office.***

Thank you,

The City of Phoenix Benefits Office