City of Phoenix
Human Resources Department
Benefits Division

PSPRS Subsidy Agreement Terms

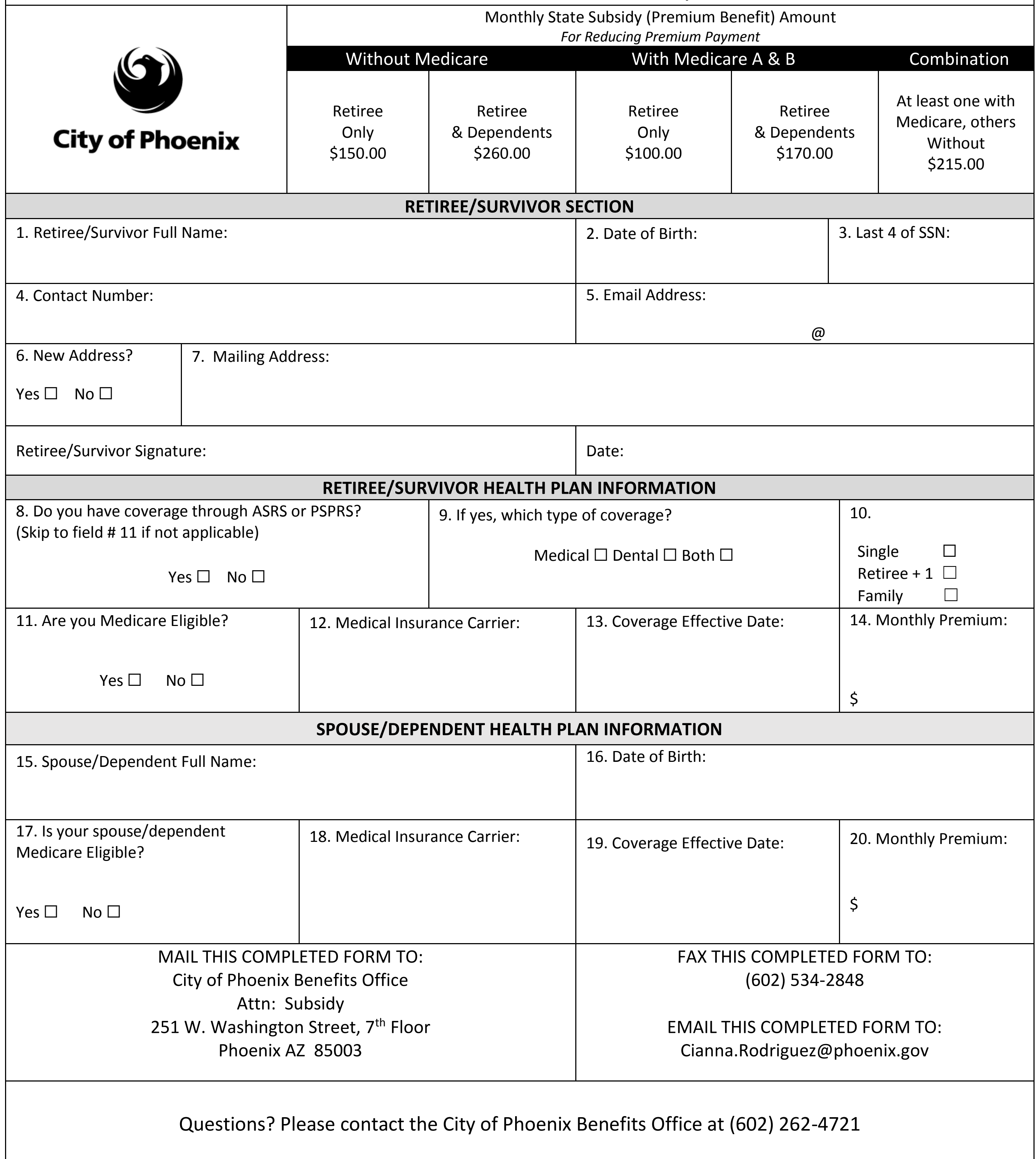
By completing the subsidy agreement, you agree to understanding the following:

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 benefits.questions@phoenix.gov. Overpayments resulting from changes not reported to the Benefits office by the retiree will be recovered through the retiree's MERP benefit.**
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 of federal statute.

Please contact Cianna Rodriguez directly at 602-262-4721 or Cianna.Rodriguez@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



2019 PUBLIC SAFETY SUBSIDY AGREEMENT/CHANGE FORM

City of Phoenix

Monthly State Subsidy (Premium Benefit) Amount
For Reducing Premium Payment

Without Medicare		With Medicare A & B		Combination
Retiree Only $150.00	Retiree & Dependents $260.00	Retiree Only $100.00	Retiree & Dependents $170.00	At least one with Medicare, others Without $215.00

RETIREE/SURVIVOR SECTION

1. Retiree/Survivor Full Name:	2. Date of Birth:	3. Last 4 of SSN:
4. Contact Number:	5. Email Address: @	
6. New Address? Yes ☐ No ☐	7. Mailing Address:	
Retiree/Survivor Signature:	Date:	

RETIREE/SURVIVOR HEALTH PLAN INFORMATION

8. Do you have coverage through ASRS or PSPRS? (Skip to field # 11 if not applicable) Yes ☐ No ☐	9. If yes, which type of coverage? Medical ☐ Dental ☐ Both ☐	10. Single ☐ Retiree + 1 ☐ Family ☐	
11. Are you Medicare Eligible? Yes ☐ No ☐	12. Medical Insurance Carrier:	13. Coverage Effective Date:	14. Monthly Premium: $

SPOUSE/DEPENDENT HEALTH PLAN INFORMATION

15. Spouse/Dependent Full Name:		16. Date of Birth:	
17. Is your spouse/dependent Medicare Eligible? Yes ☐ No ☐	18. Medical Insurance Carrier:	19. Coverage Effective Date:	20. Monthly Premium: $

MAIL THIS COMPLETED FORM TO:	FAX THIS COMPLETED FORM TO:
City of Phoenix Benefits Office Attn: Subsidy 251 W. Washington Street, 7th Floor Phoenix AZ 85003	(602) 534-2848 EMAIL THIS COMPLETED FORM TO: Cianna.Rodriguez@phoenix.gov

Questions? Please contact the City of Phoenix Benefits Office at (602) 262-4721

PLEASE MAKE A COPY OF THIS AGREEMENT FOR YOUR RECORDS