



Important Information

Steps to Complete Your Retirement Package

► PENSION PLAN ELECTION FORM: (2-PAGE DOCUMENT)

Section A: Explains your benefit payment options. The income associated with each is indicated in Section B. If you wish to select a Joint and Survivor option, please send a copy of your joint annuitant's birth certificate or passport and we will send you an updated Pension Plan Election Form.

Section B: Elect your benefit by initialing the retirement income option you would like to receive.

Section C: Complete Beneficiary information.

Section D: Indicate your federal withholding tax preference by initialing your choice. Sign and date the form, complete your mailing address. (Rectangle box at the bottom)

► PENSION PLAN ELECTION QUALIFIED 401(a) PLAN FORM (use for lump sum distribution options) :

• Complete section A.

- o For options 2 or 3 provide the bank/custodian address of where your rollover check should be sent for deposit.
- o For option 4 the check will be mailed directly to the address on this form. Direct deposit is not available.



- Complete section B. *(Continued)*

▶ **REQUEST TO INITIATE PAYMENTS FORM: (use for monthly payment options)**

- Verify that your personal information is accurate in the upper section of the form.
- Sign as the "participant" under your date of birth.
- Do not complete any other information on this form.
- For direct deposit, include a voided check.

BENEFIT ELECTION FORM:

- ▶ Explains whether you are eligible for medical benefits or life insurance benefits and the cost associated with each.

Section A: Personal Leave (PL).

Section B: Health Insurance – select one.

Section C: Life Insurance – select one.

BENEFICIARY DESIGNATION FORM (2-SIDED FORM):

- ▶ Should you be eligible to continue the Retiree Life Insurance benefit indicated on your Benefit Election form, complete the beneficiary designation form.
- Complete your name and employee number.
 - Complete the section indicating Basic Life & Accidental Death & Dismemberment.
 - *General instructions are given at the top of the form.*
 - *Insurance amount will be divided amongst all beneficiaries listed in the primary section accordingly. This will apply for the contingent section as necessary. Percentage in each category should total 100%.*
 - Sign and date on side 2.

Return the completed forms in the pre-addressed envelope to Broward Health Benefits Dept at **1800 N.W. 49th Street, Fort Lauderdale, 33309** OR return via secure fax **954.888.3686** OR return via secure email benefits@BrowardHealth.org.

