



# HAPPY RETIREMENT



LET THE HAPPINESS BEGIN!

## City of Jacksonville Retirement Benefits 2026

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# Are You Eligible?

# Retirement Eligibility

## 1. Under GEPP (General Employee Pension Plan)

- ▶ Age 55 with 20 years of credited service
- ▶ Age 65 with 5 years of credited service
- ▶ Any age with 25 years of credited service

## 2. Under GEDC (General Employee Defined Contribution Plan)

- ▶ Age 50 with 20 years of credited service
- ▶ Age 65 with 5 years of credited service
- ▶ Any age with 30 years of credited service

## 3. Early Retirement

- ▶ Age 50 with 20 years of credited service
- ▶ Any age with 25 years if credited service

# What COJ Benefits are you Eligible for as a Retiree?

# Medical, Dental, and Vision

1. You must enroll or decline benefits within 60 days of your retirement date
2. Current benefits held at the time of retirement are the benefits that can be continued as a retiree
3. Keep address current
4. If any benefit is canceled, it cannot be reinstated
5. You can cancel health and keep dental, vision, and/or life insurance if you start Medicare A & B
6. Dependents can be covered, even when you start Medicare A & B
  - ▀ Continuing dependents
7. Retirees on GEDC plan will pay insurance premiums manually
8. Death of Retiree – surviving dependent coverage is offered

# Life Insurance

- 1. Current life insurance as an active employee can be converted into an individual policy**
  - ▶ You have 30 days from your retirement date to apply with MetLife
- 2. All employees are eligible for \$5,000 basic life insurance**
- 3. If retiring from BU 70 and under the age of 70 at retirement**
  - ▶ have the option of \$5,000, \$10,000, or \$15,000 supplemental life insurance.
- 4. Disability Waivers Available**
  - ▶ Basic and Supplemental Life Insurance
- 5. Accelerated Death Benefit (must be an active employee)**
  - ▶ Terminally ill (12 months)
  - ▶ 90 % cash out

# Flexible Spending Account

1. **Can continue for the year of retirement**
  - ▶ Cobra
  - ▶ Post-Tax
2. **Cannot use FSA after end of retirement year**
  - ▶ No longer qualified

# Health Savings Account

1. **The month your Medicare coverage begins you become ineligible to contribute to your HSA**
2. **If you are eligible for Medicare but not yet enrolled, you can still contribute to HSA**
3. **Once you become 65 y/o, you can withdraw out of your HSA for any reason not just for medical expense but becomes taxable income unless used for medical expenses**
4. **Must keep beneficiary current with HAS Bank**
5. **If beneficiary is your spouse, spouse can continue to use for medical expenses**
6. **If beneficiary is not your spouse, HSA will be treated as taxable income**

# Next Action Steps

# Suggested Actions

## **1. 2 or more years prior to retirement**

- a) Visit with Retirement Planner (Empower), Financial Advisor, Investment, or Tax Planners
- b) Maximize your contributions
- c) Review what insurance benefits you will need at retirement

## **2. 1 year prior to retirement**

- a) Research non-COJ insurance plans and compare to city plans
- b) Begin the estimate process with the appropriate pension office
- c) Contact Social Security Administration, if applicable
- d) Attend multiple pre-retirement seminars

## **3. 90 days prior to retirement**

- a) Visit appropriate pension office to finalize documents
- b) Arrange annual leave transfer arrangements with Empower
- c) Review the insurance benefits you will need at retirement

## **4. 30 days prior to retirement**

- a) Verify retirement letter is processed
- b) Enroll in medical and life benefits
- c) Verify your "sign-offs" form is complete

# Resources



A NEW DAY.

## BENEFITS DIVISION DIRECTORY

City Hall, 117 West Duval Street, Suite 150  
Office Hours: 8:00am- 4:00pm Monday - Friday  
Phones: 904.255.5555 or 904.255.5575  
Faxes: 904.255.5565 or 904.255.5697

Email: [benefits@coj.net](mailto:benefits@coj.net)

Website: [www.jacksonville.gov/benefits](http://www.jacksonville.gov/benefits)

### Renee' Wells

Employee Benefits Supervisor  
Phone: 904.255.5554  
E-mail: [Reneew@coj.net](mailto:Reneew@coj.net)

### Tes Patterson

Benefits Specialist \* Alpha A - G  
Phone: 904.255.5560  
E-mail: [MPatterson@coj.net](mailto:MPatterson@coj.net)

### Michelle Carrigg

Benefits Specialist \* Alpha P - Z  
Phone: 904.255.5558  
E-mail: [MCarrigg@coj.net](mailto:MCarrigg@coj.net)

### Morgan Dickens

Benefits Specialist \* Alpha H - O  
Phone: 904.255.5557  
E-mail: [MDickens@coj.net](mailto:MDickens@coj.net)

### Jeff Campbell

Social Security Specialist  
Medicare Specialist - Part Time  
Phone: 904.255.5564  
E-mail: [JCampbell1@coj.net](mailto:JCampbell1@coj.net)

### Debbie Bryant

Part Time  
Phone: 904.255.5573  
E-mail: [DBryant@coj.net](mailto:DBryant@coj.net)

### Mary DiPerna, MAcc, CEBS

Chief of Benefits Division  
Privacy Officer/DC Plan Administrator  
Phone: 904.255.5552  
E-mail: [MDiPerna@coj.net](mailto:MDiPerna@coj.net)

### Carolina Teran-Ocegueda, MAcc

Human Resources Manager  
Benefits Accounting/DC Plan Administrator  
Phone: 904.255.5553  
E-mail: [CarolinaTO@coj.net](mailto:CarolinaTO@coj.net)

### Julia Kim, MAcc

Senior Accountant  
Phone: 904.255.5559  
E-mail: [JKim@coj.net](mailto:JKim@coj.net)

### Jifei Tong

Senior Accountant  
Phone: 904.255.5563  
E-mail: [JTong@coj.net](mailto:JTong@coj.net)

\*Benefits representative for employees & retirees whose last name begins with this alphabet

## EAP PROVIDER, EMPOWER & INSURANCE PLANS PROVIDERS

### EAP - Employee Assistance Program - Health Advocate

Customer Service: 1.877.240.6863

### EMPOWER

Website: [www.COJDCP.com](http://www.COJDCP.com)

Main Office Phone: 904-255.5569 Monday - Friday 8am – 4pm City Hall, Suite 150  
Customer Service: 1.855.265.4570 Phone for hearing-impaired: 1.800.766.4952 TTY  
For **Hardship** applications call: 1.800.360.1192 option 2

**APPOINTMENTS ARE ENCOURAGED IN PERSON or VIRTUAL. WALK-INS WILL EXPERIENCE A WAIT TIME**

COJ On-Site Representatives:

Christina Jamieson Email: [Christina.Jamieson@Empower.com](mailto:Christina.Jamieson@Empower.com)  
Office: 904.255.5568 Mobile: 904.252.4714

David Saliger Email: [David.Saliger@Empower.com](mailto:David.Saliger@Empower.com)  
Office: 904.255.5589 Mobile: 904.815.1787

### Florida Blue, UF Health EPO Health Plans and "Better You Strides" Wellness Program

Denis Woods, COJ On Site FL Blue Representative M-F, 8am – 4pm, City Hall, Suite 150  
Phone: 904.255.5570 Email: [denis.woods@bcbsfl.com](mailto:denis.woods@bcbsfl.com)  
Customer Service for all plans: 1.800.664.5295 Group Number: B3267  
Number for the hearing-impaired 1.800.664.-5295 TTY, #711

### Tricare Supplemental Plan - Selman & Company

Customer Service 1.800.638.2610 Fax: 1.800.310.5514

### HSA Bank (Health Savings Account)

Customer Service: 1.800.357.6246 Website: [HSAbank.com](http://HSAbank.com)

### Humana Dental

Jacqueline Camacho Phone: 813.288.6337 Email: [jcamacho@humana.com](mailto:jcamacho@humana.com)  
Customer Service: 1.800.233.4013 Group No: 773983 Website: [www.Humana.com](http://www.Humana.com)

### VSP Vision

Customer Service: 1.800.877.7195 Group Number: 30099995 Website: [www.vsp.com](http://www.vsp.com)  
Provide to vision office (no vision card): First & Last Name, DOB, last 4 of SS#

### AMERIFLEX- Flexible Spending Account

Medical, Dependent & Elder Care, Parking & Transportation Website: [www.ameriflex.com](http://www.ameriflex.com)  
Customer Service: 1.888.868.3539 Monday – Friday 6am to 9pm CST

### MetLife - Life Insurance Company

Website: [www.Metlife.com](http://www.Metlife.com) Group Number: 261599  
Customer Service: 1.866.492.6983

# Retirement Contacts

## **General Employee Pension Administration**

**(General Employees, JSO & JFRD Civilian Employees, Correction Officers & External Agencies)**

City Hall - 117 West Duval Street, Suite 330

(904) 255-7280

[Citypension@coj.net](mailto:Citypension@coj.net)

## **Jacksonville Police Officers and Fire Fighters Health Insurance Trust (JPOFFHIT)**

**(Safety Officers and Fire Fighters)**

(800) 978-0632

(904) 255-7373

<https://jpoffhit.org>

## **Police & Fire Pension Administration**

**(Safety Officers & Fire Fighters)**

1 West Adams Street, Suite 100

(904) 255-7373

## **Florida Retirement System**

P.O. Box 3090

Tallahassee, FL 32315

(844) 377-1888

# Deferred Compensation Contacts

► **Empower**

Office (904) 255-5569

Christina Jamieson Cell (904) 252-4714  
David Saliger Cell (904) 815-1787

► **Corebridge Financial (Valic)**

Office (904) 448-7200

Paul Fibbe (904) 720-7444  
Christine Shippey (904) 445-7081

► **Jefferson National**

1-866-667-0561  
[NAS\\_Service@nationwide.com](mailto:NAS_Service@nationwide.com)

► **ING / AETNA (VOYA)**

1-800-584-6001  
<https://www.voya.com>

## RETIREE BENEFITS ENROLLMENT AND CHANGE FORM



**FULL NAME:** \_\_\_\_\_ **LAST 4 DIGITS OF SS#:** \_\_\_\_\_

**LIFE EVENT:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**PERSONAL EMAIL:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

For all qualifying life events, you must submit this enrollment change form and required documents within 60 days of the qualifying event. For details on your plan, rates, and dependent documentation, visit the Benefits Division website at [www.Jacksonville.gov/benefits](http://www.Jacksonville.gov/benefits).

		HEALTH PLANS						TRICARE SUPPLEMENT RETIRED MILITARY OR RESERVIST
Covered Participant(s)		BLUEMEDICARE ADVANTAGE ELITE PPO	BLUECARE 48 HMO	BLUECARE 65 HMO HDHP	BLUEOPTIONS 05782 PPO	BLUEOPTIONS 03768 UF HEALTH EPO	BLUECARE 128/129 HMO QHDHP	
<b>Rates listed are per pay period, bi-weekly</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiree Only	<input type="checkbox"/>	165.92	296.33	279.54	339.63	279.54	296.34	34.21
Retiree & Spouse	<input type="checkbox"/>	331.82	609.92	575.01	698.46	575.01	609.42	67.15
Retiree & Child(ren)	<input type="checkbox"/>	Not Eligible	568.16	535.59	650.57	535.59	568.16	67.15
Retiree & Family	<input type="checkbox"/>	Not Eligible	906.81	855.39	1,037.46	855.39	906.80	90.46
Spouse Only ***	<input type="checkbox"/>	165.92	296.33	279.54	339.63	279.54	296.34	34.21
Child Only ***	<input type="checkbox"/>	Not Eligible	296.33	279.54	339.63	379.54	296.34	34.21
Spouse & Child(ren) ***	<input type="checkbox"/>	Not Eligible	568.16	535.59	650.57	535.59	568.16	67.15
		DECLINE HEALTH <input type="checkbox"/>						

		DENTAL PLANS				VISION PLANS	
Covered Participant(s)		DHMO	SILVER PPO	GOLD PPO	PLATINUM PPO	BASIC	PREMIER
<b>Rates listed are per pay period, bi-weekly</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiree Only	<input type="checkbox"/>	5.81	10.34	15.92	20.43	1.97	3.82
Retiree & Spouse	<input type="checkbox"/>	11.63	20.71	31.83	40.84	3.75	6.22
Retiree & Child(ren)	<input type="checkbox"/>	13.07	26.27	40.43	51.81	3.51	5.74
Retiree & Family	<input type="checkbox"/>	21.03	35.35	54.34	69.74	6.00	9.77
Spouse Only ***	<input type="checkbox"/>	5.81	10.34	15.92	20.43	1.97	3.82
Child Only ***	<input type="checkbox"/>	5.81	10.34	15.92	20.43	1.97	3.82
Spouse & Child(ren) ***	<input type="checkbox"/>	13.07	26.27	40.43	51.81	3.51	5.74
		DECLINE DENTAL <input type="checkbox"/>				DECLINE VISION <input type="checkbox"/>	

\*\*\* APPLIES ONLY WHEN A RETIREE IS ELIGIBLE AND ENROLLED IN MEDICARE PART A & PART B or DECEASED

**Retiree's Name:** \_\_\_\_\_ **Retiree's last 4 digits of Social Security number or EIN:** \_\_\_\_\_

### SUPPLEMENTAL LIFE INSURANCE

**\$5,000**  **\$10,000**  **\$15,000**  **DECLINE SUPPLEMENTAL LIFE**

If retiring from BU 070 and under the age of 70, you can elect \$5,000, \$10,000 or \$15,000. If over the age of 70 - only eligible to elect \$5,000.

**MUST COMPLETE A BENEFICIARY FORM**

# Thank you

Please complete a survey before you leave.

