

City of Jacksonville Retirement Benefits 2026

Are You Eligible?

Retirement Eligibility

1. **Under GEPP (General Employee Pension Plan)**
   Jacksonville, FL., code §*120.206(a) (2019)*

   - Age 55 with 20 years of credited service
   - Age 65 with 5 years of credited service
   - Any age with 30 years of credited service

2. **Under GEDC (General Employee Defined Contribution Plan)**
   Jacksonville, FL., code §*120.509A (2017)*

   - Age 50 with 20 years of credited service
   - Age 65 with 5 years of credited service
   - Any age with 25 years of credited service

3. **Early Retirement**
   Jacksonville, FL., code §*120.206(d) (2019)*

   - 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
Website: www.jacksonville.gov/benefits

Renee' Wells
Employee Benefits Supervisor
Phone: 904.255.5554
E-mail: Reneew@coj.net

Tes Patterson * **Alpha A - G**
Benefits Specialist
Phone: 904.255.5560
E-mail: MPatterson@coj.net

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Phone: 904.255.5558
E-mail: MCarrigg@coj.net

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Phone: 904.255.5557
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Medicare Specialist - Part Time
Phone: 904.255.5564
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Mary DiPerna, MAcc, CEBS
Chief of Benefits Division
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E-mail: CarolinaTO@coj.net

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Phone: 904.255.5559
E-mail: JKim@coj.net

Jifei Tong
Senior Accountant
Phone: 904.255.5563
E-mail: 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
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
Office: 904.255.5568 Mobile: 904.252.4714

David Saliger Email: 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
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

Humana Dental
Jacqueline Camacho Phone: 813.288.6337 Email: jcamacho@humana.com
Customer Service: 1.800.233.4013 **Group No: 773983** **Website:** www.Humana.com

VSP Vision
Customer Service: 1.800.877.7195 **Group Number: 30099995** **Website:** 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
Customer Service: 1.888.868.3539 Monday – Friday 6am to 9pm CST

MetLife - Life Insurance Company
Website: www.MetLife.com **Group Number: 261599**
Customer Service: 1.866.492.6983

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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

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

- **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.

	HEALTH PLANS						
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	TRICARE SUPPLEMENT RETIRED MILITARY OR RESERVIST
Rates listed are per pay period, bi-weekly	☐	☐	☐	☐	☐	☐	☐
Retiree Only ☐	165.92	296.33	279.54	339.63	279.54	296.34	34.21
Retiree & Spouse ☐	331.82	609.92	575.01	698.46	575.01	609.42	67.15
Retiree & Child(ren) ☐	Not Eligible	568.16	535.59	650.57	535.59	568.16	67.15
Retiree & Family ☐	Not Eligible	906.81	855.39	1,037.46	855.39	906.80	90.46
Spouse Only *** ☐	165.92	296.33	279.54	339.63	279.54	296.34	34.21
Child Only *** ☐	Not Eligible	296.33	279.54	339.63	379.54	296.34	34.21
Spouse & Child(ren) *** ☐	Not Eligible	568.16	535.59	650.57	535.59	568.16	67.15
DECLINE HEALTH ☐							

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

*** 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.

