



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 or federal statute.

Please contact Alicia Eshenbaugh directly at 602-261-8724 or alicia.eshenbaugh@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

2022 PUBLIC SAFETY SUBSIDY AGREEMENT/CHANGE FORM

 City of Phoenix	Monthly State Subsidy (Premium Benefit) Amount <i>For Reducing Premium Payment</i>				
	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 <input type="checkbox"/> No <input type="checkbox"/>	7. Mailing Address:		
Retiree/Survivor Signature:		Date:	

RETIREE/SURVIVOR HEALTH PLAN INFORMATION

8. Are you Medicare Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Medical Insurance Carrier:	10. Coverage Effective Date:	11. Monthly Premium: \$
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SPOUSE/DEPENDENT HEALTH PLAN INFORMATION

12. Spouse/Dependent Full Name:		13. Date of Birth:	
14. Is your spouse/dependent Medicare Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Medical Insurance Carrier:	16. Coverage Effective Date:	17. Monthly Premium: \$

MAIL THIS COMPLETED FORM TO:
 City of Phoenix Benefits Office
 Attn: Subsidy
 251 W. Washington Street, 7th Floor
 Phoenix AZ 85003

FAX THIS COMPLETED FORM TO:
 (602) 732-2701

EMAIL THIS COMPLETED FORM TO:
 paula.whisel@phoenix.gov

Questions? Please contact the City of Phoenix Benefits Office at (602) 495-5459 – Paula Whisel

PLEASE MAKE A COPY OF THIS AGREEMENT FOR YOUR RECORDS