

# 2017

## After You Retire



## **AFTER YOU RETIRE**

To better serve you as one of the City of Gainesville's retirees the Risk Management Department has developed this publication to help you with questions that may arise after you leave employment.

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### **YOUR RETIREMENT BENEFIT PAYMENT**

Your monthly retirement benefit payment will be credited to your account on **the last day of the month**. Retirement benefit payments will be transferred electronically to your account at your bank or other financial institution by direct deposit through Electronic Funds Transfer. No check will be written and mailed to you or your bank. Direct deposit offers you convenience, security, and peace of mind. There is no chance of your check being lost or delayed. If you retired in the middle of a month your first payment will be a partial payment for the actual time you are retired. Your full retirement check will begin the following month.

### **CHANGES TO YOUR DIRECT DEPOSIT OR W4P**

Changes to your Direct Deposit or W4P are done through the payroll department. If you change your account number, change your bank or other financial institution; please contact the Payroll Department at 352-334-5057 or by email [cityret@cityofgainesville.org](mailto:cityret@cityofgainesville.org) to request the direct deposit form. After you have completed the form it can be mailed to:

City of Gainesville Payroll Department  
PO Box 490 Station 15  
Gainesville, FL 32627-0490

or faxed to 352-334-2271. Do not forget to attach a voided check to the form. **REMEMBER!** If you do not submit a direct deposit form no payment will be made to you until this form is completed.

If you wish to change your income tax withholding you will need to complete a new W4P. These forms are available through the IRS website [www.irs.ustreas.gov/formspubs/](http://www.irs.ustreas.gov/formspubs/) or the Payroll Department. After completion you need to submit the W4P to the Payroll Department at:

City of Gainesville Payroll Department  
PO Box 490 Station 15  
Gainesville, FL 32627-0490

### **ADDRESS CHANGES**

Address changes for retirees are done through the Risk Management Department on a change of address form or email. These requests must be in writing to insure accuracy. Important information and documents (such as your annual 1099R and your annual recertification cards) are mailed to your home address. Changes of address must also be reported by Risk Management for your health insurance coverage.

## **NAME CHANGES**

If your name changes while you are retired please notify the Risk Management Department. They will need to see your social security card with your new name in order to make any changes. If you are on the City's Retiree Health Insurance you will also need to notify Risk Management so the Plan has your correct name on your policy.

## **COST OF LIVING INCREASES (COLA)**

COLA increases are reflected on your October retirement check (issued October 31) following your birthday. These increases will be implemented according to the ordinance provisions governing your retirement benefit as stated in the City of Gainesville's Code of Ordinances.

### **General Pension Plan**

Members with 20 or more TYS on 10/1/2012 hired prior to 10/01/2012

- 20 to 25 years of service 2% COLA begins at age 62
- 25 or more years of service 2% COLA begins at age 60

Members with less than 20 TYS on or after 10/1/2012 & hired prior to 10/01/2012

- 25 years of service 2% COLA begins at age 65

Members hired on or after 10/1/2012

- 30 or more years of service 2% COLA begins at 65

### **Consolidated Pension Plan- Certified Police Officers Retiring After 7/1/2013**

Members with 20 or more TYS on 7/1/2013 hired prior to 7/1/2013

- 20 to 25 years of service 2% COLA begins at age 62
- 25 or more years of service 2% COLA begins at age 55

Members with less than 20 TYS on 7/1/2013 hired prior to 7/1/2013 or hired on or after 7/1/2013

- 25 years of service 1% COLA beginning at age 55
- 25 years of service COLA increased to 2% beginning at age 62

### **Consolidated Retirement Plan (Firefighters)**

- 20 to 25 years of service 2% COLA begins at age 62
- 25 or more years of service 2% COLA begins at age 55
- Using the rule of 70 2% COLA begins at age 62

## **HEALTH INSURANCE**

Upon retirement you will be sent notification from COBRA. If you have elected to remain on the City's Health Insurance Plan, a City Medicare Supplement or have elected insurance somewhere else, you do

not need to elect health insurance again under COBRA. If you had dental or vision insurance before you retired you may continue dental or vision insurance upon retiring for up to 18 months.

If you have elected the City of Gainesville's retiree health insurance or Medicare Supplement Plan and do not see the deduction from your 2nd retirement check, contact Risk Management to clarify any issues that may have accidentally occurred. If you retired in the middle of the month you will be covered as an active employee through that month. Your retiree health insurance premiums will begin with your first full retirement check.

There is no rate reduction in your City Health Insurance upon reaching Medicare eligibility. However to receive the most benefit through both Medicare, the City's Retiree Health Insurance or the City's Medicare Supplement Plan you need to elect Part B of Medicare.

As a reminder regardless of your present coverage under the Retiree Health Insurance plan, **you will be allowed to opt out of the plan and re-enter only one time at a future date.** To do so you must contact the Risk Management Department.

The City of Gainesville is expanding its offerings to our Retirees by offering a subsidy towards supplemental Medicare plans. You will have a choice of a Part F supplement plan that will cover Part A copays, B deductible and co-insurance and excess charges. In addition, you will be able to select a Medicare Part D plan for prescriptions. *In most cases choosing these plans over the City Group health plan will reduce your premium cost.*

Election of an alternative Medicare Option is not an election to "opt out" of the City of Gainesville's Retiree Health Plan. This election will allow eligible retirees to utilize the City's premium subsidy towards one of the Medicare Options offered by the City.

Annually you will receive notification to enroll in the City of Gainesville's Health Insurance or Medicare Supplement Plan for retirees. These meetings are usually scheduled for the fall and are for the plan changes beginning in January of the next year.

**Reminder:** You need to sign up for Medicare close to your 65<sup>th</sup> birthday, even if you will not be retired by that time. (If you are getting Social Security benefits when you turn 65, your Medicare Hospital benefits (Part A & B) start automatically.

Changes to your Health Insurance or City Medicare Supplement can only be made during Open Enrollment or if you have encountered a qualifying event such as coverage through another employer, marriage, divorce, or termination or commencement of your spouse's employment which results in the gaining or loss of eligibility for coverage. Changes occurring due to a qualifying event **must be made within 30 days of the event.** Contact the Risk Management Department for further assistance.

### **RETIREE HEALTH SAVINGS (RHS)**

If you have a RHS account and wish to be reimbursed from your account you must complete the claim form and attach copies of the receipts you are wishing to be reimbursed for. This is then mailed to the address at the bottom of the reimbursement form. Only medical expenses are eligible for reimbursement, including health insurance premiums, vision and dental care.

RHS participants also have the option of having authorized reimbursements deposited directly to their bank accounts by completing a Vantagecare RHS Plan Direct Deposit Authorization form.

## **CITY LIFE INSURANCE**

The City of Gainesville paid for life insurance for you while you were an active employee of the City. When you retired this benefit reduced to 1/2 of what it was while you were an active employee (up to a maximum of \$50,000). Each year on the anniversary of your retirement this benefit reduces approximately \$5000 per year until it reaches \$5000 at which point it will remain until such time as your beneficiary applies for the benefit following your death. The beneficiary of your City life insurance policy is listed on the card you completed while still employed with the City. If you have a change to whom you wish your life insurance to be paid, please update your beneficiary card ASAP through the Risk Management Department (352-334-5045) where all claims must be filed. A certified copy of your death certificate stating the cause of death is needed for processing the claim.

## **POST-TAX PENSION CONTRIBUTIONS**

Pension Plan contributions made through December 31, 1997, were made after you had paid Federal Withholding Taxes on the amounts contributed. At retirement, you will begin receiving these contributions as part of your monthly pension check based on your life expectancy as determined by the IRS. That amount attributable to your contributions is tax-free income since you have paid the taxes on it at the time you made the contributions.

At retirement you were given a letter stating the amount you had paid in already taxed contributions. In order to determine the amount of tax-free income you can claim each year, you or your tax preparer should obtain *IRS PUBLICATION 575, PENSION & ANNUITY INCOME*. This publication explains how you can determine the amount of your total retirement income that is taxable and the amount of your retirement income that is not taxable. If you have lost your letter indicating your post tax contributions contact Risk Management (352-334-5045) for additional copies.

## **ANNUAL RECERTIFICATION**

Each year you will be required to recertify as a retiree of the City. You will be asked to sign a document in front of a notary or a Risk Management Representative. Notification for recertification will be mailed to you.

## **SURVIVOR BENEFITS**

The Risk Management Department should be informed shortly after either your death or your joint annuitant's death. Your beneficiary will be informed if any future benefits are payable and if any forms need to be completed. Your estate is entitled to the full monthly benefit paid at the end of the month of your death. Example—Retiree dies April 2, the full monthly retirement will be paid to the estate or beneficiary.

## **REHIRED RETIREES**

The City of Gainesville's defined benefit plans (Plans) are qualified pension plans subject to the Internal Revenue Code and Income Tax Regulations. These laws and regulations require actual retirement before a member may receive a retirement benefit. For example, "if both the employer and employee know at the time of 'retirement' that the employee will, with reasonable certainty, continue to perform services for the employer, a termination of employment has not occurred upon 'retirement' and the employee has not legitimately retired." *Retirement benefit payments will not be issued to City employees who do not legitimately retire.*

## **EMPLOYEE HEALTH SERVICES**

As a retiree you are still able to use the services provided by Employee Health Services. Please call 352-334-5037 for an appointment. Many services are free. The following are examples of services available to you:

- Tetanus injections

- Flu shots (retirees & spouses)
- Blood Pressure and Blood Sugar checks
- Hepatitis A & B vaccines
- Blood Draws – Health Panel (includes electrolytes, iron, kidney function, liver function, glucose, cholesterol) and PSA

## **PRO CLUB**

As a retiree of the City of Gainesville, you are still eligible to participate in the in the City's ProClub wellness program. Visit the Risk Management website at:

[www.cityofgainesville.org/GOVERNMENT/CityDepartmentsNZ/RiskManagementDepartment/tabid/303/Default.aspx](http://www.cityofgainesville.org/GOVERNMENT/CityDepartmentsNZ/RiskManagementDepartment/tabid/303/Default.aspx) for more information.

## **VOLUNTARY BENEFITS**

**Health Insurance is the ONLY voluntary benefit available to Retirees once they leave employment with the City of Gainesville.**

If you were contributing to a flexible spending account while working with the City you have **90 days** from your last day of employment to submit your receipts for reimbursement. You will be able to be reimbursed back for up to the amount you have contributed through your last paycheck as an active employee with the City of Gainesville. Contact the 125 Company for further information.

If you are participating in one of the City's Dental Plans or Vision Plan you may continue your coverage through COBRA for 18 months. You will receive information within a few weeks of your retirement for COBRA enrollment.

For information on your Long Term Care Policy contact BCBS regarding portability information.

Contact all other vendors directly for information regarding your ability to continue coverage directly through them after retirement. Contact information is available at the end of this publication.

### **COBRA (Consolidated Omnibus Budget Reconciliation Act)**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals will be required to pay the entire premium for coverage up to 102 percent (102%) of the cost to the plan.

Retirement is considered a Life Qualifying Event (end of employment) and therefore the City of Gainesville's COBRA provider will notify you of the options available to you for continued health related benefits.

If as an active employee you elected one of the City's Dental or Vision Plan you may continue coverage under COBRA for 18 months. However you must elect this coverage within 60 days of retirement.

Life insurance is not considered "medical care," nor are disability benefits; and COBRA does not cover plans that provide only life insurance or disability benefits. You may be able to convert your life insurance policies through Assurant or Midland through the company itself. However you must contact them for further information.

**If you have elected to participate in the City of Gainesville's Retiree Health Insurance Plan DO NOT ELECT Health Insurance under COBRA. Electing health insurance under COBRA and through the City's Retiree Health Insurance Plan means you are paying for coverage twice with no additional benefit only an additional expense.**

## **RETIREMENT ANNUITY OPTION DESCRIPTIONS**

The Option Election you have chosen is designated on your Application for Pension and/or your Option Election Form. Below is a description of the options as explained to you when you retired or entered DROP.

### **CONSOLIDATED RETIREMENT PENSION PLAN (Police & Fire)**

- **LIFE ANNUITY WITH 10 YEAR LIFE & CERTAIN** – One hundred percent benefit payable to the retiree. Upon death of retiree, all benefits stop except in the event the retiree has not received a retirement benefit for 10 years, this benefit will continue to the named beneficiary or beneficiaries until benefits have been paid for 10 years following retirement.
- **LIFE ANNUITY** - One hundred percent of benefit payable to the retiree. Upon death of retiree, all benefits stop.
- **JOINT AND SURVIVOR** - Actuarial reduced benefit payable to the retiree, based upon a 10 year Life & Certain benefit. At retiree's death only, two-thirds (2/3) of retiree's benefit is payable to a designated beneficiary for the remainder of the beneficiary's life.
- **JOINT AND LAST SURVIVOR** - Actuarial reduced benefit payable to the retiree, based upon a 10 year Life & Certain benefit. At the death of **either** the retiree **OR** beneficiary, whoever shall remain living shall receive benefits based upon the designated percentage elected below.
  - 100% of benefit continues
  - 75% of benefit continues
  - 66% of benefit continues
  - 50% of benefit continues

### **GENERAL EMPLOYEE'S PENSION PLAN**

- **LIFE ANNUITY** - One hundred percent of benefit payable to the retiree. Upon death of retiree, all benefits stop.
- **JOINT AND SURVIVOR** - Actuarial reduced benefit payable to the retiree. At retiree's death only, two-thirds (2/3) of retiree's benefit is payable to a designated beneficiary for the remainder of the beneficiary's life.
- **JOINT AND LAST SURVIVOR** - Actuarial reduced benefit payable to the retiree. At the death of **either** the retiree **OR** beneficiary, whoever shall remain living shall receive two-thirds (2/3) of the retiree's benefit for the remainder of the survivor's life.

## DIRECT DEPOSIT INFORMATION – NEW RETIREE

I, \_\_\_\_\_, employee ID# \_\_\_\_\_, hereby authorize **The City Of Gainesville, Florida**, hereinafter called **CITY**, to automatically deposit payroll-related fund, as indicated below, to the **Depository and Account Number(s) specified**.

Deposit to the same account as active employee  Change  Start

DEPOSITORY (Bank/Credit Union):		
CITY:	STATE:	ZIP:
BK/TRANSIT/ABA NO NUMBER:		
Account Number	Account Type CHECKING <input type="radio"/> SAVINGS <input type="radio"/>	Amount to be Deposited
IF YOU ALSO WANT TO DEDUCT AN AMOUNT TO GO TO A DIFFERENT ACCOUNT NUMBER, PLEASE COMPLETE THE LINE BELOW. IF YOU WANT THIS SPECIFIED DEPOSIT TO GO TO A DIFFERENT BANK OR CREDIT UNION, PLEASE USE AN ADDITIONAL FORM.		
Account Number	Account Type CHECKING <input type="radio"/> SAVINGS <input type="radio"/>	Amount to be Deposited

*This authorization is to remain in full force and effect until I provide the City written notification of a change in the depository information. I UNDERSTAND THAT THE AVAILABILITY OF FUNDS IS SUBJECT TO THE ABOVE-NAMED DEPOSITORY'S POLICIES AND PROCEDURES.*

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR CHECKING ACCOUNTS – ATTACH VOIDED CHECK HERE**

1. Check must show name, bank routing number and account number. **Do not substitute a deposit ticket.**
2. If you cannot attach a voided check, we will accept a copy of your bank statement that includes your name, account number and routing number. **Please black out all financial information on the statement.**
3. **The name on the account must include the name of the employee or the name of a legal power of attorney.** In the latter case, you must furnish a certified copy of the power of attorney to the payroll office.
4. If you are only changing the amount of an existing specified deposit, the above does not apply.

**FOR SAVINGS ACCOUNTS – ATTACH A COPY OF YOUR MOST RECENT STATEMENT HERE**  
*Please black out all financial information on the statement*

**DO NOT WRITE BELOW THIS LINE  
 PAYROLL USE ONLY**

POSTED BY \_\_\_\_\_ DATE \_\_\_\_\_

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_



**Withholding Certificate for  
Pension or Annuity Payments**

OMB No. 1545-0074

**2017**

**Purpose.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2017.

**What do I need to do?** Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

**Future developments.** For the latest information about Form W-4P, such as legislation enacted after we release it, go to [www.irs.gov/w4p](http://www.irs.gov/w4p).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if: <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px; display: inline-block;"> <ul style="list-style-type: none"> <li>• You're single and have only one pension; or</li> <li>• You're married, have only one pension, and your spouse has no income subject to withholding; or</li> <li>• Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less.</li> </ul> </div>	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you're married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter the number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return . . . . .	<b>E</b>	<u>        </u>
<b>F</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>F</b>	<u>        </u>
<b>G</b>	Add lines A through F and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>G</b>	<u>        </u>
<div style="display: flex; align-items: flex-start;"> <div style="width: 15%; border-right: 1px solid black; padding-right: 5px;">           For accuracy, complete all worksheets that apply.         </div> <div style="width: 85%;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you're <b>single and have more than one source of income subject to withholding</b> or are <b>married and you and your spouse both have income subject to withholding</b> and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the <b>Multiple Pensions/More-Than-One-Income Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line G on line 2 of Form W-4P below.</li> </ul> </div> </div>			

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.

**Withholding Certificate for  
Pension or Annuity Payments**

OMB No. 1545-0074

**2017**

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

**Complete the following applicable lines.**

1	Check here if you <b>do not want any</b> federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶ <input type="checkbox"/>	
2	Total number of allowances and marital status you are claiming for withholding from each <b>periodic</b> pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ▶ <u>        </u>	(Enter number of allowances.)
	<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.	
3	Additional amount, if any, you want withheld from each pension or annuity payment. ( <b>Note:</b> For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ▶ \$ <u>        </u>	

Your signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**RETIREE ADDRESS AND INFORMATION CHANGE FORM**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

HOME ADDRESS	MAILING ADDRESS
Street/Apt# : _____	Street/P.O. Box: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____	Zip: _____
Telephone: _____	
Email : _____	

NAME CHANGE
Attach Copy of Updated Social Security Card
Previous Name: _____
Effective Date: _____
New Name: _____
Marital Status: _____

**REMEMBER TO UPDATE YOUR BENEFICIARY INFORMATION IN RISK MANAGEMENT  
WHEN APPROPRIATE**

\_\_\_\_\_ **Retiree Signature** \_\_\_\_\_ **Date**

*Attention:* If you have an ICMA-RC 457 Account, Roth IRA or Retiree Health Savings Account (RHS) you must update your information separately at [www.icmarc.org](http://www.icmarc.org) or contact 1-800-669-7400.

Return this form to the Risk Management Department Box 60

## CONTACTS TO KNOW

### City of Gainesville

Risk Management Department 352-334-5045 Fax # 352-334-3102

222 East University Ave.

Station 60

Gainesville, FL 32601

Email [DG\\_riskwebinfo@cityofgainesville.org](mailto:DG_riskwebinfo@cityofgainesville.org)

Payroll Department 352-334-5057 Fax # 352-334-5057

200 East University Ave.

Station 15

Gainesville, FL 32601

Email [cityret@cityofgainesville.org](mailto:cityret@cityofgainesville.org)

Employee Health Services 352-334-5037 Fax# 352-334-3185

222 East University Ave.

Station 44

Gainesville, FL 32601

Human Resources Department 352-334-5077 Fax # 352-334-2055

222 East University Ave.

Station 20

Gainesville, FL 32601

**ICMA Retirement Corporation** 1-800-669-7400 [www.icmarc.org](http://www.icmarc.org)

Adam Ferguson Retirement Plan Specialist 1-866-328-4672

457 Deferred Compensation, Roth IRA, and Retiree Health Savings Plans

**VantageCare Retirement Health Savings (RHS) Plan** 1-888-587-9441

c/o Meritain Health, Inc.

P.O. Box 30136

Lansing, MI 48909-7611

**Florida Blue** claims 1-800-322-2808

Claims management 352-337-2511 x24107

[www.FloridaBlue.com](http://www.FloridaBlue.com)

**Social Security Gainesville Office** 352-375-4178

Request a Social Security Statement

[www.socialsecurity.gov](http://www.socialsecurity.gov)

Social Security Retirement Planner

[www.ssa.gov/retire2/](http://www.ssa.gov/retire2/)

**IRS** [www.irs.ustreas.gov/formspubs/](http://www.irs.ustreas.gov/formspubs/)

**IRS** withholding calculator [www.irs.gov/individuals/index.html](http://www.irs.gov/individuals/index.html)

**Medicare** 1-800-633-4227 [www.medicare.org](http://www.medicare.org)

**SHINE** –Serving Health Insurance Needs of Elders [www.floridashine.org/index.html](http://www.floridashine.org/index.html)

### Other Benefit Provider Contact Numbers

AFLAC	1-800-992-3522
Assurant/Fortis Life Insurance Portability	1-866-909-6065
Long Term Care (BCBS)	1-888-202-3393
McGriff Williams Insurance Medicare Supplement Plans	352-371-7977
Midland National Life Insurance	1-888-351-3547
125 Company <a href="http://www.125company.com">www.125company.com</a>	1-800-787-3539
LegalShield <a href="http://www.legalshield.com/info/cityofgainesville">www.legalshield.com/info/cityofgainesville</a>	352-317-7500