

Wayne County Retiree Stipend Program

INSTRUCTIONS FOR RETIREE STIPEND PROGRAM PARTICIPANTS FOR CONSIDERATION OF MONTHLY STIPEND PAYMENT

The Retiree Stipend Program was established pursuant to the terms and conditions set forth in the Settlement Agreement approved and amended in the Macdonald, et al v. County of class action litigation (Case No. 09-031117-CL) and the subsequent Wayne County Retirement Ordinance (Ord. No. 2015-610, §1,11-19-2015). These documents, along with the *Wayne County Retiree Stipend Program Summary*, were created as an administrative guide for participants and program administrators. Participants are encouraged to review these documents for more detailed information about this program. You can find these documents at www.waynecounty.com (search for "Open Enrollment").

Please read the following information before completing the attached *Stipend Eligibility Verification Form*. Information included on this form will be used to determine eligibility for stipend payments under the Wayne County Retiree Stipend Program for new retirees entering the program for the first time and all other retirees eligible for participation in the program during the annual stipend eligibility verification process. Failure to adhere to instructions resulting in an incomplete and/or incorrect form, and/or failing to submit requested documentation in a timely manner may result in delay and/or suspension of future stipend payments. Further, submitting false or misleading information or omitting material information as part of this annual verification process may result in rejection of your form submission or permanent disqualification from this program.

TO BE CONSIDERED FOR A MONTHLY STIPEND UNDER THIS PROGRAM:

- The retiree must be eligible for participation in the Wayne County Retiree Stipend Program. Eligibility requirements for participation in the program can be found in the *Wayne County Retiree Stipend Program Summary* on the Benefits webpage under www.waynecounty.com (search for "Benefit Forms & Information").
- If eligible, the retiree must FULLY COMPLETE each section of the attached ***Stipend Eligibility Verification Form*** and the form must be SIGNED and DATED.
 - **Section A – Eligible Individuals:**
 - Include any family member considered eligible for participation in the program (see *Family Member Eligibility Chart*), regardless of whether they may currently qualify for payment of the stipend. If there are more than four children to be included, include all requested information on a separate page and attach it to the form upon submission.
 - Respond to all three questions for each family member listed.
 - **Question (1)** - Answer "YES" for any person listed that is eligible for Medicare or Medicaid. "Eligibility" for Medicare or Medicaid is defined as meeting the criteria for benefits under these programs as defined by the applicable governing administrative authority, regardless of whether the family member is enrolled. For example, a person reaching the age of 65 who fails to enroll in Medicare will still be considered "eligible" for Medicare for purposes of the Retiree Stipend Program.
 - **Question (2)** – Answer "YES" for any person listed that is eligible for enrollment in another group health plan as an employee, retiree, veteran, spouse, or dependent child, for which the participant is (or would be) required to pay less than 100% of the monthly cost for coverage. **Accurate health plan eligibility disclosure is mandatory.**
 - **Question (3)** – Answer "YES" for any person listed to confirm they meet the criteria for participation in the Retiree Stipend Program as defined in the *Family Member Eligibility Chart*.
 - If any family member listed on the completed form is being listed for the first time, attach proof of relationship as indicated in the *Family Member Eligibility Chart*. When determining the appropriate

stipend amount for the upcoming stipend plan year, Wayne County will not consider any family member for which proof of relationship has not been provided.

- The number of individuals listed in this section who are determined to meet the criteria for eligible family members and who are not eligible for enrollment in Medicare, Medicaid or another group health plan will determine the coverage tier (individual only, two individuals or family) used to determine the monthly stipend amount.

○ **Section B – Household Adjusted Gross Income (AGI):**

- If at least one family member listed in Section A is not Medicare eligible (either through age or disability), complete this section by entering the amount of the Retiree's household AGI.
 - All income reported to the IRS for the previous tax year by any member of the Retiree's household may be used to reach the highest stipend income level for the Retiree's coverage tier (determined in Section A), even if the income was attributable to a household family member not eligible for the stipend.
- Attach signed copies of all Federal income tax returns filed with the IRS used to calculate the Household AGI entered in this section.
- Duty disability retirees who are not eligible for Medicare or Medicaid must also attach current documentation to confirm ongoing disability status for the year being reviewed, as well as proof of denial from Social Security / Medicare.
- This section does not need to be completed and tax returns are not required to be submitted if all family members listed in Section A are Medicare eligible.
 - Medicare-eligible Retiree Stipend Program participants receive their Medicare stipend amount in the form of a tax-free, employer contribution to a health reimbursement account (HRA) or the like administered through the Municipal Employees' Retirement System (MERS).
 - Any Medicare-eligible family member listed in Section A that has not already been set up with a HRA will have the account established with a welcome kit sent to their home address directly from MERS.

○ **Section C – Eligibility Affidavit:**

- Thoroughly read, sign and date Section C of the form.
- Should the retiree be unable to sign and date Section C, the form may be signed and dated by any individual named as the retiree's designated Power of Attorney. A copy of that Power of Attorney document must be submitted with the form in this case.

OTHER INFORMATION:

- Retirees who had previously opted out of retiree health coverage or were not eligible for payment of the stipend due to being eligible for enrollment in other group health insurance, may still be eligible for payment of the stipend, but must complete the eligibility verification form for annual determination.
- Retirees may be asked for additional information by Wayne County to determine eligibility for payment of the stipend.
- Retirees are responsible for notifying the Wayne County Benefit Administrator of changes in their status or their family's status that affect eligibility, such as divorce, gaining other employer sponsored healthcare, Medicare entitlements or the death of someone covered under the stipend program.

We understand that unique situations may exist. If there are any questions throughout the process, please call us at 1-313-224-5157 from 9:00 a.m. to 5:00 p.m. EST or email us at benefits@waynecounty.com.

RETIREE STIPEND PROGRAM – STIPEND ELIGIBILITY VERIFICATION FORM

(Rev. Aug 2022)

Failure to complete this form correctly may result in delay or loss of stipend payments. See attached instructions and back of this form for additional info on how to complete this form.

RETIREE ID NO.: _____ RET. DATE: _____ PHONE NO.: _____ EMAIL: _____

A. ELIGIBLE INDIVIDUALS: List all household family members to be considered for a stipend. Each entry must be completed in full to be considered, including a response of YES or NO to all three of the listed questions. If you are adding a spouse or dependent for the first time, attach proof of relationship to retiree. If there are more than four children, include info on a separate page and attach it.

Family Member	Last Name	First Name	Date of Birth	(1) Is this member eligible to receive Medicare or Medicaid? (YES / NO)	(2) Is this member eligible for enrollment in any other Group Health Plan? (YES / NO)	(3) Is this member eligible based on the Family Member Eligibility Chart? (YES / NO)
Retiree						
Spouse						
Child 1						
Child 2						
Child 3						
Child 4						

B. HOUSEHOLD ADJUSTED GROSS INCOME (AGI): \$ _____

DUTY-DISABILITY RETIREE? ☐ YES ☐ NO

All 2022 income reported to the IRS from the retiree's household may be used to reach the highest stipend income level for the retiree's appropriate coverage tier, even if the income was attributable to a household family member not eligible for the stipend. Attach signed copies of all 2022 Federal income tax returns for everyone used to calculate the above AGI. For duty-disability retirees not eligible for Medicare or Medicaid, see instructions for additional submission requirements.

C. ELIGIBILITY AFFIDAVIT: Read the statements provided below. Sign, date and return to the Benefits & Disability Administration Division within 30 days.

I confirm that the individuals listed in Section A of this form meet the eligibility requirements to be considered for the monthly stipend program under the Wayne County Retiree Stipend Program. I affirm that the information reported for spouse and/or dependent eligibility for Medicare / Medicaid and access to other group health insurance is correct.

I confirm that my household income as reported in Section B of this form is accurate. I understand that if there are ANY eligible individuals who are NOT eligible for Medicare, the County will verify Household Income using the stated method in paragraph 3D(2)(a) of the Macdonald, et al v. County of Wayne (Case No. 09-031117-CL) Settlement Agreement, as amended. Further, I understand that until the required tax returns are provided, I will not receive a stipend, or my stipend may be reduced based solely on the information that I have submitted.

I confirm that the information provided on this form is true and accurate. I understand that making false statements or providing incorrect information to obtain stipend benefits under the Wayne County Retiree Stipend Program may be considered fraud and may result in Wayne County, at its option, doing one or more of the following: (1) seek a refund of any overpayments; (2) offset / reduce future stipends; (3) disqualify the participant(s) from the Retiree Stipend Program; and/or (4) further action permitted by law.

Retiree Signature _____

Date Signed _____

FOR ADMINISTRATIVE USE ONLY: ☐ Annual Renewal ☐ New Retiree ☐ Other: _____

Respond by: Within 30 days of notice

Return to: Wayne County Benefits & Disability Administration Division
US Mail: 500 Griswold 44th Floor, Detroit, MI 48226
Fax: (313) 967-1228
Email: benefits@waynecounty.com

NON-MEDICARE STIPEND AMOUNTS	
HOUSEHOLD ADJUSTED GROSS INCOME LEVEL BY COVERAGE TIER	MONTHLY STIPEND AMOUNT
Individual Non-Medicare Covered	
AGI less than \$30,000	\$153.25
\$30,000 to \$45,000	\$306.51
\$45,001 or more	\$613.02
Two Non-Medicare Individuals Covered	
AGI less than \$35,000	\$229.88
\$35,000 to \$65,000	\$459.76
\$65,001 or more	\$1,149.41
Three or More Non-Medicare Individuals Covered	
AGI less than \$40,000	\$229.88
\$40,000 to \$55,000	\$459.76
\$55,001 to \$70,000	\$613.02
\$70,001 or more	\$1,226.03

MEDICARE STIPEND AMOUNTS		
STIPEND DESCRIPTION	FOR STIPEND PAYMENTS BEGINNING JANUARY 1	MONTHLY STIPEND AMOUNT
Per Medicare-eligible retiree, spouse, or disabled child	2023	\$137.96 each
	2024	\$140.72 each
Additional per person stipend for Medicare Part B reimbursement eligibility under 1990 Health & Welfare Benefit Plan	All Years	\$5.00 each

FAMILY MEMBER ELIGIBILITY CHART		
Family Member	Description of Eligibility	Required Proof of Relationship
Spouse	Lawful spouse of the retiree, unless legally separated. If you are divorced, your former spouse is ineligible for participation in the Retiree Stipend Program.	Marriage certificate
Dependent Child	Child under age 26 - Includes natural children, stepchildren, legally adopted children, or children placed in home for final adoption, children under legal guardianship, and children covered under a Qualified Medical Child Support Order.	Birth certificate, adoption order, legal guardianship order, Qualified Medical Child Support Order, etc.
Disabled Child	Child aged 26 and over – Dependent child (as defined above) of any age who was totally disabled, incapable of self-sustaining employment by reason of intellectual disability or physical disability, before reaching the age of 19 and notifying the County of disability by age 26.	Documentation for dependent child as described above, plus proof of disability prior to age 19

NON-MEDICARE DUTY DISABILITY RETIREE – REQUIRED DOCUMENTATION

Attach current documentation to confirm:

1. Documentation of ongoing disability during previous tax year (or current); and
2. Denial letter from Social Security / Medicare and Medicaid or other documentation to show ineligibility for subsidy under the Affordable Care Act.