



"The Strength Behind The Badge"

DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

RETIREMENT APPLICATION AND INFORMATION

The Deputy Sheriffs' Association pays out a one-time benefit to Class 1 members upon their retirement from the San Diego County Sheriff's Department. The benefit is only payable to those actually retiring from the county within one year of leaving the department and who meet one of the eligibility requirements below. The benefit is calculated as follows: \$200 for each complete year of continuous membership up to 15 years, \$300 for each continuous year 16 to 30, and \$450 for each complete year after that. Detentions/Court Services start accruing complete years as of 1/1/01 but will receive \$100 per complete year prior to that date. Former Marshals start accruing after 1/1/00 but will also receive \$1000 if they were vested with the Marshal's Association. You must have at least 10 years of membership with the Deputy Sheriffs' Association.

Eligibility requirements:

- Any age with 20 or more years of Department Service and 10 or more years of DSA membership
- Age 50 or older with 10 or more years of DSA membership with the last 7 being continuous before retirement
- Medical retirement

A copy of your SDCERA retirement application must be attached to your DSA retirement application.

To make sure your current benefits continue without any lapse in coverage, check the boxes of the benefits you wish to continue or want more information on. Listed below are the insurance companies now offering benefits to our retired members.

HARTFORD PLAN 3

This plan provides \$50,000 straight life and additional \$50,000 accidental death insurance at a cost of \$72.89 per month for those under 70 years of age. For those over 70 years of age this plan provides \$25,000.00 straight life and additional \$25,000.00 accidental death insurance at a cost of \$72.89 per month. This is available through payroll deduction as a retired member, but you must have been enrolled 6 months prior to retirement.

HARTFORD PLAN 2

This plan provides an additional \$17,500 straight life and additional \$17,500 accidental death insurance at a cost of \$25.89 per month for those under 70. The cost for those over 70 will be \$14.53 per month for \$6,000.00 straight life and additional \$6,000.00 for accidental death insurance. This is available through payroll deduction as a retired member if you were enrolled prior to January 2006.

DENTAL AND VISION INSURANCE

Dental Insurance is provided by United Health Care. There will be an HMO and a PPO plan. Eye Insurance is offered through United Health Care Vision. Premiums for these insurance plans vary depending on the number of dependents and are available for payroll deduction from your retirement check. For information on any of the above-mentioned insurance, please check the box on the retirement application or go to DSASD.ORG.

CHIROPRACTIC

Chiropractic insurance is available through Administrative Health Fund with payments made through payroll deductions. Information is available on our website.

LONG TERM CARE

Prices of the Long-Term Care vary depending on age. There is a form attached with further information and deductions are available through retired payroll deductions.

OTHER OPTIONAL LIFE INSURANCE DEDUCTIONS

You may also keep your AFLAC insurance benefits through retired payroll deductions as well.

RETIRED ASSOCIATE MEMBER (RAM) OF PEACE OFFICERS ASSOCIATION OF CALIFORNIA (PORAC)

Reasons you may wish to join RAM are: 1) you will receive their monthly newspaper at your home keeping you up to date on proposed legislation that may affect your retirement. 2) RAM provides a health insurance policy for some retired officers (contact PORAC for more information on qualifying for this plan). 3) While an active member of the DSA, you received through PORAC a free \$1,000.00 accidental death and dismemberment insurance through Myers Stevens and Company. When you join RAM you will continue this coverage as well as any extended coverage you may have purchased through this company. This benefit is payable directly to PORAC. You will find the RAM application at www.porac.org or complete the enclosed application.

OTHER RETIRED DSA BENEFITS

- Quarterly Retired DSA luncheons are held at various locations throughout San Diego. An informative meeting and a social lunch are well attended by retired members. The Christmas luncheon is always a very special event and spouses or a guest of the retired member is encouraged to attend.
- The DSA magazine, the Silver Star, is mailed quarterly to your home. To make sure you receive the publication, it is important that you keep the DSA updated on your current address (even if you move out of state).
- Retired members can run free classified ads in the Silver Star Magazine.
- Discount movie tickets to Regal Theaters.

Bylaws Article XI

Section 10: Retirement Benefit For Class I Members

Class 1 members who retire from service from the San Diego County Sheriff's Department will receive a retirement benefit from the Corporation's Retirement Fund, as computed in this section. "Retirement", as used herein, means retirement from service, or disability, whether service or non-service connected. Corporation members shall have at least ten (10) years of membership to be eligible for retirement benefits, unless retirement is a result of illness or injury, regardless of whether service or non-service related. (Rev. 1/2013)

- A. Primary benefit amount calculation: Members will receive a sum amounting to \$200 for each full year of paid class 1 membership, for each full year up to 15 years. For each full year of paid membership from 16 years to 30 years, the benefit amount will be \$300 per full year of class 1 membership. For each full year of paid membership after 30 years, the benefit amount will be \$450 per full year of class 1 membership. (Rev. 1/2012)
- i. Corrections Deputy Sheriffs employed by the Department from 1988-2000 and who were Class II members of the DSA during this time and who commencing in 2001 became Class I members of the DSA and remained a member of the DSA until their retirement date, shall receive a sum amounting to \$100 for each full year of service from 1988 to 2000. Corrections Deputy Sheriffs' became entitled to all benefits as outlined in Article XI, Section 10 (A) starting with their Class I DSA membership in 2001. Membership in the DSA must be continuous to receive the \$100 payment for years from 1988-2000. If the Corrections Deputy Sheriff was a Class II member from 1988-1993, cancelled their membership in 1993, but rejoined in 1995 and remained a member until their retirement in 2017, the member would receive the benefits outlined in Article XI, Section 10(A) for the period from 2001-2017 and would be entitled to \$100 for each full year of service from 1995-2000. If the member did not rejoin until 2005, he would only receive the benefits under Article XI, Section 10(A) and would not be entitled to any payment for the membership from 1988-1993. (Rev. 1/2018)

- B. Limitation of retirement benefit amount: There is a limitation of benefits if, in the prior calendar year, both of the following conditions exist:
1. There is a decrease in the balance of the retirement fund from the beginning of the year as compared with the end of the year greater than 5%.
 2. The number of retirees receiving benefits in the previous calendar year is greater than 5% of the total number of members at the start of that year.
 3. Should both conditions exist, the following calculation will determine the retirement benefit calculation for the current year: The primary benefit amount from 10.A is multiplied by a fraction, the numerator of which is the amount of dues received from all members plus net investment gains in the retirement fund in the prior year. The denominator of said fraction is the amount represented by the total benefits paid to all retiring members plus net investment losses in the prior year. (rev. 1/2004)
- C. The benefit shall be payable to the member upon the date the retirement allowance becomes effective, as established by written notice from the Board of Directors, and shall be based on the amount of the retirement benefit in effect as of the date the retirement is granted, or on the amount of the retirement in effect on the date the retirement allowance becomes effective, whichever is lesser. A member who leaves the service of the San Diego County Sheriff's Department for any reason, including taking a deferred County retirement, is eligible for the Retirement Benefit as indicated in sections 10.A and 10.B above, only if they retire from the County of San Diego within twelve (12) months of separation from the Sheriff's Department and were a Class I member in good standing upon separation. There is no deferred retirement benefit from the corporation. (Rev. 1/2004)
- D. A member who has once received any benefit under this section shall be ineligible to again receive any benefits under this section, unless after separation they have returned as a new employee and fulfilled all eligibility

requirements under these bylaws. *(Rev. 1/2004)*

- E. The secretary/treasurer shall cause a review to be made bi-annually of the Retirement Fund and the practicality of increasing or decreasing the retirement benefit. *(Rev. 1/2004)*

- F. A Class 1 member who has been readmitted to the corporation pursuant to Article II C shall be credited with full membership service years the member had at the time of resignation from the Corporation if the member has ten years of membership and has at least seven years of continuous membership in the period immediately prior to their retirement date from the Corporation. *(Rev. 1/2013)*



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Deputy Sheriffs' Association of San Diego County

Retirement Checklist

Items required to process your DSA retirement application

DSA Retired Membership Application

- All DSA benefits you wish to continue should be indicated on DSA retirement application

DSA Request for Deduction form (if you wish to continue your DSA membership as a retired member)

Copy of SDCERA application for service retirement or for disability retirement a copy of the SDCERA notification of retirement



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DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

RETIRED MEMBERSHIP APPLICATION

Name:					
		Last	First	Middle Initial	Nick Name
Home Address:					
		Number and Street			
			Phone Number:		
City		State		Zip	
Age at retirement:		E-Mail:			
Date joined Department:		Date joined DSA:		Date of Retirement:	
Type of Retirement:	Service <input type="checkbox"/> Medical <input type="checkbox"/>	Have you ever quit the DSA during this time?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied for DSA Relief?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you wish to continue your membership as a retired member? (Article II, Section 2d – DSA By Laws) \$36.00 per year		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Please check the appropriate box for benefits you would like to continue after retirement or would like more information on.					
DHMO Dental <input type="checkbox"/>	PPO Dental <input type="checkbox"/>	Vision <input type="checkbox"/>	AFLAC <input type="checkbox"/>	Long Term Care <input type="checkbox"/>	
Chiropractic <input type="checkbox"/>	Hartford Life Plan 2 <input type="checkbox"/>	Hartford Life Plan 3 <input type="checkbox"/>			
I certify that I meet the guidelines set forth by the Bylaws of the Deputy Sheriffs' Association of San Diego County regarding retirement benefits.					
Signature				Date	

FOR OFFICE USE ONLY

Benefit Calculation – Total number of years =

Marshal Benefit		
Detentions/Courts years prior to 2001	Years x \$100	
Class 1 years 1-15	Years x \$200	
Class 1 years 16-30	Years x \$300	
Class 1 years 31+	Years x \$450	
Total Benefit Due		

Benefits To Keep

Retired Dues <input type="checkbox"/>	Vision <input type="checkbox"/>	Chiropractic Care <input type="checkbox"/>
DHMO Dental <input type="checkbox"/>	AFLAC <input type="checkbox"/>	Hartford Life Plan 1 <input type="checkbox"/>
PPO Dental <input type="checkbox"/>	Long Term Care <input type="checkbox"/>	Hartford Life Plan 2 <input type="checkbox"/>



Deputy Sheriffs' Association of San Diego County

13881 Danielson Street
Poway, CA 92064-6891
(858)486-9009

REQUEST FOR DEDUCTION

DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY RETIRED MEMBERS

Retired members of the Deputy Sheriffs' Association of San Diego County (DSA) must use this form to request a deduction from their monthly SDCERA retirement payment for payment of costs associated with DSA dues and specific insurance coverage (see below for details).

Name:				
	Last	First	Middle	
Home Address:				
	Number and Street	City	State	ZIP
Social Security Number		Birth Date (mm/dd/year)		
Daytime telephone number				

Once complete, this form authorizes SDCERA to make the deduction based on a total dollar amount directed by the DSA. The total deduction may include the following:

1. Annual dues
2. Life insurance
3. Dental insurance
4. Vision care
5. AFLAC coverage
6. Chiropractic Care
7. Long Term Care

Please complete and return this form to the DSA at the above address.

I hereby authorize SDCERA to process a deduction from my monthly benefit payment for an amount as directed by the DSA. The amount may include annual dues, life insurance, dental insurance, vision care, chiropractic care and/or AFLAC coverage.

Members Signature

Date



Deputy Sheriffs' Association of San Diego County

Retired Member Contact Form

Congratulations on your retirement!

Due to privacy restrictions at the DSA, your personal information is never shared with any outside entities or organizations. However, the Retired Deputy Sheriffs' Association would like to keep in touch with you and have your address and phone number available for events and contact info. If you wish to volunteer your information for the Retired Deputy Sheriffs' Association database, please fill out the attached sheet and return it to the DSA with your retirement paperwork. The DSA will forward this sheet to the RDSA for their use. It will not be shared with any other organization. You are not required to return this form.

Name _____ Nick Name _____

Date of Birth _____ Spouse's Name _____

Mailing Address _____

Home Address (if different than mailing address) _____

Phone _____ Cell _____

Email _____

Best Way to Contact You _____

Retired Rank _____ Last Duty _____

Hire Date _____ Year of Retirement _____ Years on Dept _____

Skills that may be of use to the RDSA or other members (i.e. plumber, carpenter, etc.) _____

Do you have a CA state guard card? YES NO Gun card? YES NO

Do you want to be notified if we hear of a guard position that is available? YES NO

Return this form to the DSA at 13881 Danielson St, Poway, CA 92064 or Fax to (858) 486-8318.
If you move or change any contact info, please update the RDSA by requesting a new form from the DSA or contacting Rusty Burkett at burkettfamily@cox.net, home (619) 589-2655, or cell (619) 916-6008.



Retired Associate Member Information

Congratulations on your retirement! As an honorably retired public safety officer, you are eligible to join PORAC as a ***Retired Associate Member*** (RAM) for only \$30 per year.

By retaining your membership in PORAC as a Retired Associate Member, you may have continued access to our currently available insurance and benefit programs including:

- Blue Cross Medical Plan (if the agency from which you retired participates in the CalPERS medical plan)
- Accidental Death and Dismemberment (AD&D)
- Dental, Vision, California Casualty, Group Life and Supplemental Insurance
- Retiree Firearm Coverage

Additionally, you will receive the monthly publication, PORAC Law Enforcement News.

If you are interested in retaining your PORAC membership and benefits, please complete the RAM application by visiting:

www.PORAC.org/ramapp

For more information about Retired Associate Membership visit www.PORAC.org and select the RAM option under the yellow “Members” button in the upper right.

Protect Your Future Pension & Assets with Long Term Care Coverage



NPFBA Long Term Care Benefits

- Home Health Care, Assisted Living/Residential Care & Nursing Home Care
- Lifetime benefits
- No lifetime payments
- 3% Cost of Living increase for first 26 years
- Benefits are tax-free
- Portable coverage throughout the United States
- Death Benefit to age 75
- Respite Care – For primary caregiver

**Available to all active service law enforcement and fire service personnel and their spouses.
Must apply before 61st birthday or retirement.**



*Jointly Sponsored by California Law Enforcement Association
and California Association of Professional Firefighters*



Additional features:

- Two plans available
- \$1 million dollar benefit limit
- Age based payments with multiple payment term lengths
- Waiver of payments while receiving benefits
- 60 or 90 day elimination period based on health at application
- Members choose care providers



National Peace Officers and Fire Fighters Benefit Association

(877) 582-0003 • WWW.NPFBA.ORG

PO Box 31 • Martell, CA 95640 • CA Insurance License #0544968

Illustration Only - See Plan Document for specific information.

NPFBA Long Term Care Benefits

Long Term Care Plan	130/70/50 Plan					150/70/50 Plan				
Monthly Cost	25 Year Payment Term	30 Year Payment Term	35 Year Payment Term	40 Year Payment Term	45 Year Payment Term	25 Year Payment Term	30 Year Payment Term	35 Year Payment Term	40 Year Payment Term	45 Year Payment Term
30 Years Old at Issue	\$46	\$37	\$34	\$31	\$29	\$55	\$44	\$39	\$37	\$36
40 Years Old at Issue	\$67	\$55	\$49	\$46	\$44	\$81	\$65	\$58	\$54	\$53
50 Years Old at Issue	\$109	\$88	\$80	N/A	N/A	\$130	\$105	\$95	N/A	N/A
60 Years Old at Issue	\$194	N/A	N/A	N/A	N/A	\$233	N/A	N/A	N/A	N/A
Types of Care Covered	<ul style="list-style-type: none"> Nursing Home Care Assisted Living Care Home Health Care 					<ul style="list-style-type: none"> Nursing Home Care Assisted Living Care Home Health Care 				
Elimination Period	60 or 90 days (based on medical underwriting)					60 or 90 days (based on medical underwriting)				
Inflation Protection	3% Compounded (Plan Years 2 to 26)					3% Compounded (Plan Years 2 to 26)				
Payment Term	25, 30, 35, 40, or 45 Years (Refer to Cost Schedule for eligibility)					25, 30, 35, 40, or 45 Years (Refer to Cost Schedule for eligibility)				
Death Benefit	Through age 69 – the amount of your payments up to \$5,000 Age 70 through age 74 – the amount of your payments up to \$2,500 Age 75 and thereafter no Death Benefit or if LTC benefits exceed the Death Benefit you are eligible to receive					Through age 69 – the amount of your payments up to \$5,000 Age 70 through age 74 – the amount of your payments up to \$2,500 Age 75 and thereafter no Death Benefit or if LTC benefits exceed the Death Benefit you are eligible to receive				
Respite Care	15 calendar days per year					15 calendar days per year				
Waiver of Payment	While receiving benefits.					While receiving benefits.				

130/70/50 Plan – Illustration of Inflation Protection

Number of Plan Years Since Effective Date	Nursing Home Care		Assisted Living Care		Home Health Care	
	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount
Plan Year 1	\$130	\$3,954	\$91	\$2,768	\$65	\$1,977
Plan Year 5	\$146	\$4,441	\$102	\$3,103	\$73	\$2,220
Plan Year 10	\$170	\$5,171	\$119	\$3,620	\$85	\$2,585
Plan Year 15	\$197	\$5,992	\$138	\$4,198	\$99	\$3,011
Plan Year 20	\$228	\$6,935	\$160	\$4,867	\$114	\$3,468
Plan Year 26	\$272	\$8,273	\$190	\$5,779	\$136	\$4,137

150/70/50 Plan – Illustration of Inflation Protection

Number of Plan Years Since Effective Date	Nursing Home Care		Assisted Living Care		Home Health Care	
	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount
Plan Year 1	\$150	\$4,563	\$105	\$3,194	\$75	\$2,281
Plan Year 5	\$170	\$5,171	\$119	\$3,620	\$85	\$2,585
Plan Year 10	\$197	\$5,992	\$138	\$4,198	\$99	\$3,011
Plan Year 15	\$228	\$6,935	\$160	\$4,867	\$114	\$3,468
Plan Year 20	\$264	\$8,030	\$185	\$5,627	\$132	\$4,015
Plan Year 26	\$315	\$9,581	\$221	\$6,722	\$158	\$4,806

SDCPSRMT FAQs

The Retiree Medical Trust was established for funding reimbursement of retiree medical expenses.

Which associations participate?

- Deputy Sheriffs' Association of San Diego County (DSA)
- San Diego County Probation Officer's Association (POA)
- San Diego County Supervising Probation Officer's Association (SPOA)
- San Diego County District Attorney Investigator's Association (DAIA)

What are some of the key benefits?

- Money goes in, grows, and comes out tax-free!
- Dedicated medical savings
- Can use the total contributions made on the employee's behalf
- No monthly maximum

What are examples of covered expenses?

- Copays
- Coinsurance
- Dental
- Vision
- Prescriptions
- Insulin
- Diagnostic supplies
- Radiology (x-ray, ultrasound, etc.)
- Vision (glasses, exams, etc.)
- Premiums (health, dental, etc.)
- Medically necessary care

How do COBRA contributions work?

- Separate from medical COBRA
- Offered to all employees at time of separation/retirement
- Allows self-contributions to be made for upto 18 months
 - <5 YOS, COBRA notice will have # of months to reach minimum eligibility
 - >=5 YOS, can be used to increase monthly benefit level
- 60 days to enroll from receipt of COBRAnotice

How do I submit claims online or download a claim form?

- Go to www.healthinvesthra.com
- Login to your account, and click "Claims" to begin filing a claim online, or click on "Resources" to download a claim form and submit via email or mail
- You can also submit a claim through the HRAgo® mobile app – download through Google Play or the App Store

Questions? Need help?

Contact the Gallagher HealthInvest HRA Customer Care Center

email: customercare@healthinvesthra.com

call: 1-844-342-5505