

**SICK LEAVE INSURANCE  
PROGRAM  
(SLIP)**

**DOCUMENT PROCESSING**

Revised March 2016

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING**

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**SICK LEAVE INSURANCE PROGRAM (SLIP)  
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**Insurance Document Processing**

Upon notification from an employee that they intend to retire under the Sick Leave Insurance Program (SLIP), the employee needs to provide proper forms in order to process the employee's retirement correctly. These forms can be found on the DAS website at <https://das.iowa.gov/human-resources/employee-and-retiree-benefits/retirees/sick-leave-insurance-program-slip>

- [Sick Leave Insurance Program Enrollment Form](#). (Appendix A)
- [Healthy Opportunities Wellness program](#) – Executive branch non-contract SLIP retiree participation confirmation. (Appendix B)
- [New application for health insurance](#), even if they are staying in the plan that they are currently enrolled in. (Appendix C)
- [Application for Continuation in the Retired/Disabled State Group Health or Dental Insurance Program](#). (Appendix D) *Note: Only health insurance state share premiums are eligible to be paid from the retiree's SLIP Balance.*
- [Sick Leave Insurance Program Enrollment Checklist](#). (Appendix E)
- FAQ's (Appendix F)

IowaBenefits must be updated when a person is retiring. IowaBenefits will automatically send a P-1 Type 294 HEALTH/DENTAL BENEFIT CHANGE to zero out the current health/dental codes once the person's record is updated in IowaBenefits. The P-1 to zero out the health codes may need to be processed in a pay period or two earlier than the actual retirement. This would be the case if the employee share or state share of the insurance premium will be pulled for a month that the employee will be covered as a retiree under SLIP. See the following for a more detailed explanation of the timing when the health code should be zeroed out for an employee who is retiring under SLIP. An example of the P-1 type 294 to zero out the health code is included below.

```

D3325072 ACT: _   REPORT OF PERSONNEL ACTION (P-1) | ----- P-1 TYPE -----
PRINTER:                RETIRED, LUCKY B.         | 294 HEALTH/DENTAL BENE
-- P-1 STATUS --        P-1 NUMBER .....: XXXXX   | ----- APPROVED BY -----
  PROCESSED            EFFECTIVE DATE ....: 01/03/20XX | PA  BENE PROC
  OPTIONAL REMARKS*    INITIATED BY .....: XXX-XXXXXX | YES  YES  YES
215 214                |
REMARKS: SLIP RETIREMENT 1/4/XX(STOP H&D FOR 2/XX) |

----- F R O M ----- D E S C ----- T O ----- PAGE 1 OF 7
                1I600 |HI PLAN NUMBER | 00000
                /  /  | HI EFF DATE   | 02/01/20XX
NOT DOUBLE SPOUSE      0 |HI PLAN HOLDER*| 0      NOT DOUBLE SPOUSE
                DI600 |DI PLAN NUMBER*| 00000
                /  /  | DI EFF DATE   | 02/01/20XX
NOT DOUBLE SPOUSE      0 |DI PLAN HOLDER*| 0      NOT DOUBLE SPOUSE
                -  -  | SPOUSE SSAN   | -      -
NO DEPT IDENTIFIED    | SPOUSE DEPT* |        NO DEPT IDENTIFIED
                |
                |
                |
                |
                |
                |
----- * INDICATES SELECTION LIST
? ACTION HELP      PF7 PREV      PF8 NEXT      PF9 HELP      PF12 RETURN      CLEAR EXIT

```

## SICK LEAVE INSURANCE PROGRAM (SLIP) DOCUMENT PROCESSING

The following guidelines and examples detail:

- The timing of zeroing the health codes
- Plans to choose from
- Medicare
- Whether a check needs to be written when an employee retiring under SLIP.

### **Timing:**

The employee is only covered by the state's health insurance as an active employee through the end of the month in which the last day worked falls. Starting the first day of the month after active employment ends, the employee (retiree) would move to being covered under the retiree group health insurance and premiums for the state share would be covered by their SLIP balance.

### **Example:**

- An employee's last day worked is 02/27/2014
- The employee would be covered as an active employee on the state's health insurance through the month of February.
- They would then move as a retiree to SLIP coverage effective March 1<sup>st</sup>.

The HRA should zero out the health code in IowaBenefits (IB) in the pay period, according to the Deduction Schedule; they are no longer eligible for coverage as an active employee. DAS-SAE/Centralized Payroll will start withholding premiums for the month following the employee's retirement through the SLIP billing process.

### **Example:**

- The employee notifies the HRA they are retiring on 02/27/2014 (02/14/2014 pay period).
- The HRA would need to zero out the health insurance code in IB the 01/31/2014 pay period.
- IB will automatically send a P-1 type 294 to HRIS to zero out the health insurance code. This will prevent both first half and second half employee share of the health insurance premiums (if applicable) from being deducted from the employee's pay check, as well as the state share of the health insurance premium from being charged to the department.

It is not necessary to re-enter the dental code for a SLIP retiree. The health insurance is put back into the retiree's record by DAS-HRE/Benefits via a P-1 type 293 RETIREE HEALTH/DENTAL BENEFIT CHANGE.

If the department does not terminate the employee early enough in IB, it can cause an insurance deduction to occur when the employee should no longer be covered as an active employee. If the deduction only occurs for the first half of the premium and not the second half, the employee will show up on the automatic refund report and the first half deduction will be refunded to the employee/retiree.

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### **Example:**

- The employee retires on 02/06/2014; they would have had the first half of the March insurance premium taken out of their 02/21/2014 pay check.
- The HRA would prepare:
  - the Retirement 402 (executive branch) or 407 (non-executive branch) P-1
  - SLIP Calculation 470 (executive branch) or 475 (non-executive branch) P-1
  - zero out the health code on the Health/Dental Benefit Change on IB (which would generate the P-1 type 294) during the 02/14/2014 pay period.

The example above would prevent the second half of the health insurance premium from being taken out of the employee's pay check, as well as the state share of the health insurance premium being charged to the department. Because only the first half of the health insurance premium was taken and a termination has occurred, the system will auto generate the refund to the employee/retiree for the first half of the health insurance premium that the employee paid.

If the employee had the first half and the second half health insurance premium for the month following their retirement taken from their check as well as the state share of the health insurance premium being charged to their department, the department would have to manually initiate the health insurance premium refund to the employee and to the employee department.

### **Example:** The employee retires 02/27/2014

- They were not terminated in IowaBenefits prior to them retiring
- They would have had the first half of March health insurance premium taken out of their 02/21/2014 pay check
- The second half of March health insurance premium taken out of their 03/07/2014 pay check as well as the department being charged for the state share of the health insurance premium. Since the employee did not work in March, they are not eligible to be covered under the State's active employee health insurance coverage. The employee would be entitled to a full refund, as well as the department state shares.

### **Plans/Medicare:**

When an employee retires under SLIP, they are able to decide:

- Which health insurance plan to be covered by upon retirement
- Continue with the health insurance plan that they had as an active employee
- Choose to change to any other health plan that the State offers with a lower total premium than their current plan.
- Eligible family members may be added to the retiree's health plan at the time of an event (as listed in the Benefits Booklet) or through the late enrollee process.
- The retiree has the option to switch to any health insurance plan that the State offers during the Annual Enrollment and Change Period each year.

AFSCME and Non-Contract employees have a different state share cost for an MCO (Blue Access/Blue Advantage) plan than UE/IUP employees. Due to this fact, for SLIP retirees only, the AFSCME state share will be used for MCO covered retirees. When entering the health code for any MCO enrolled SLIP retiree, the health code will always have an X in the second position.

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**Example:**

- An employee who had a health code of CI600 while an active employee will now have a health code of CX600 as a SLIP retiree.
- *Note: for the indemnity plans (Program 3 Plus or Deductible 3 Plus) and the Iowa Select plans, continue to use the health code matching the retiree's former bargaining status as shown on the Health and Dental Premium Rate Sheets that are distributed during the Annual Enrollment and Change Period.*
- The only exception to this would be if the retiree has a spouse that is Medicare eligible and also enrolled in MedBlue RX. If the retiree's spouse is enrolled in MedBlue RX, the health code would have an R in the second position to accommodate the correct monthly premium for coordination with MedBlue RX.

HRA needs to make sure that the SLIP retiree is put into the correct health code. This includes

- Asking the SLIP retiree if they are on a family plan
- Asking if their spouse is eligible for Medicare. If the spouse is eligible for Medicare, a copy of the eligible person's Medicare card showing their Part A and/or Part B effective dates must be included with the health insurance application that is sent to HRE.
- Asking if their spouse is enrolled in MedBlue RX. If the spouse is enrolled in MedBlue RX, a copy of the eligible person's MedBlue RX card showing the effective date must also be included with the health insurance application that is sent to HRE.

This is important because it affects the premium paid to the health insurance company by both the State and by the retiree. There are special health codes for the Medicare Carve-Out plans and for the Medicare Carve-Out plans where the spouse is on Medicare and also is enrolled in MedBlue RX that are to be used when entering in the health code on HRIS. If you are uncertain what health code to use, please contact HRE-Benefits to clarify.

*Note: the retiree's Medicare eligible spouse is allowed to enroll in MedBlue RX at the time of the retiree's leaving active employment, when the spouse first becomes eligible for Medicare, or during the annual Medicare Part D enrollment period which runs from November 15 through December 31 each year.*

HRA's also need to remind the retiree that any changes made to their health insurance coverage must be communicated to DAS-SAE/Centralized Payroll and DAS-HRE/Benefits.

**Example:**

- The retiree is covered by a Wellmark plan other than Deductible 3 Plus
- They choose to purchase MedBlue RX on their own, the retiree should contact DAS-SAE/Centralized Payroll and DAS-HRE/Benefits.
- Enrolling in MedBlue RX lowers the monthly premium of the health insurance premium therefore allowing their SLIP balance to cover the premiums longer.
- Changes in the health code in HRIS to accommodate this will be made by DAS-SAE/Centralized Payroll or DAS-HRE/Benefits.

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### Checks:

In some instances, a check will need to be collected from the retiring employee. The retiree's check should be made payable to the insurance carrier. This payment, along with the health insurance application (Appendix B) and the Application for Continuation in the Retired/Disabled State Group Health or Dental Insurance Program (Appendix C), is forwarded to DAS-HRE/Benefits. After this first payment, the retiree is billed directly from the health insurance company for any employee share of the health insurance premium for the plan that they have chosen at retirement.

This would be applicable if the employee owes their share of the health insurance premium as an active employee. This typically only happens after a month that has 3 pay dates, where the employee and state share is not taken out of the third pay check and the employee works at least one day of the new month. Or the employee will not have enough in their final pay check to pay the total employee share of the premium; they would have to give their HRA a check for the difference.

### **Example:**

- An employee retires on 06/03/2014
- The first half of their June employee share of the health insurance premium would have been taken from the pay check the employee received on 05/16/2014.
- The pay check the employee received on 05/30/2014 would not have the second half deductions deducted from it since it is the third pay check for the month of May, and no health insurance deductions are taken from the third pay check.
- The second half of the employee share of the health insurance premium, as well as the state share would be taken out of the 06/13/2014 pay check.

In the above example, the employee would be eligible for health insurance coverage as an active employee in June since they worked in June. If the pay check they receive on 06/13/2014 is not large enough to cover the employee share of the health insurance premium, the employee would need to provide a check, payable to Treasurer – State of Iowa, for the dollar amount of their share and be manually added to the monthly billing as an active employee.

The other example where a check would need to be collected from a retiring employee would be if that employee chooses a health insurance plan upon retirement that has an employee share. If the plan chosen has an employee share, the retiring employee must give the HRA a check to cover the first month premium. If the employee chooses a plan with no employee share, there will be no need to collect a check from the employee.





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```

D3325186 ACT: _   REPORT OF PERSONNEL ACTION (P-1) | ----- P-1 TYPE -----
PRINTER:          NAME RETIRED, LUCKY B           | 470  SLIP CALCULATION
-- P-1 STATUS --  P-1 NUMBER .....: 1160256       | ----- APPROVED BY -----
    PROCESSED      EFFECTIVE DATE ....: 06/30/20XX  | PA  DEPT COMP PAYL PROC
OPTIONAL REMARKS* INITIATED BY .....: 005-410010   | YES YES YES YES YES
REMARKS:                                                |
----- F R O M ----- ---- D E S C ---- ---- T O ----- PAGE 1 OF 3
          1,767.20 | BIWEEKLY BASE |
                0.00 | SPEC DUTY PAY |
                0.00 | LEAD WORKER PAY |
                0.00 | EXTRA DUTY PAY |
                0.00 | EDUC DIFF PAY |
                0.00 | VOL FIREFIGHTER |
                0.00 | LONGEVITY PAY |
                0.00 | SPOC/DNR 4% PRM |
                0.00 | SPOC PREM PAY |
                | SHIFT DIFF BIWK |                52.00
                | MED PASSER BIWK |                6.00
$22.82 / HR      1,825.20 | TOTAL REG PAY |
----- * INDICATES SELECTION LIST

```

Page 1 of 3: The Biweekly Base and all recurring special pays shown above will be populated, **with the exception of Shift Differential and Med Passer**. If applicable, compute and enter the employee's regular biweekly amounts for these pay fields. The reason these cannot be populated automatically like the other pay fields that are on this screen is because they are not always a fixed amount; therefore, they are not stored on HRIS as a recurring pay amount. **If the employee receives Standby Pay this must also be entered on the calculation P-1, use either the Shift Diff or Med Passer files to calculate the 6 pay period average.** (Show your calculations on the remarks page)

```

D3325187 ACT: _   REPORT OF PERSONNEL ACTION (P-1) | ----- P-1 TYPE -----
PRINTER:          NAME RETIRED, LUCKY B           | 470  SLIP CALCULATION
-- P-1 STATUS --  P-1 NUMBER .....: 1160256       | ----- APPROVED BY -----
    PROCESSED      EFFECTIVE DATE ....: 06/30/20XX  | PA  DEPT COMP PAYL PROC
OPTIONAL REMARKS* INITIATED BY .....: 005-410010   | YES YES YES YES YES
REMARKS:                                                |
----- F R O M ----- ---- D E S C ---- ---- T O ----- PAGE 2 OF 3
          790.345504 | SICK BALANCE |                +
                | SICK ACCRUED PP |            0.28 -
                | SICK USED PP |            0.00 = ACT.SK BAL: 790.625504
          98.487413 | VAC BALANCE |                +
                | VAC ACCRUED PP |            0.89 -
                | VAC USED PP |            0.00 = ACT.VAC BAL: 99.377413
                |                |
                |                |
                |                |
----- * INDICATES SELECTION LIST

```

Page 2 of 3: The employee's sick and vacation balances as of the previous pay period will be displayed on the FROM and the TO side of the P-1. These balances are pulled from the D7 screen on the Employee Information (EI module). Calculate and enter the employee's sick and vacation accruals for the current pay period. Enter in any sick and vacation leave taken during the current pay period. *Note: When you press Enter, the new balances will be recalculated and shown on the TO side of the screen.* Show your calculation for those accrual amounts on the Remarks page. (See example below)

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D3325188 ACT: _	REPORT OF PERSONNEL ACTION (P-1)		----- P-1 TYPE -----
PRINTER:	NAME RETIRED, LUCKY B		470 SLIP CALCULATION
-- P-1 STATUS --	P-1 NUMBER .....: 1160256		----- APPROVED BY -----
PROCESSED	EFFECTIVE DATE ....: 06/30/20XX		PA DEPT COMP PAYL PROC
OPTIONAL REMARKS*	INITIATED BY .....: 005-410010		YES YES YES YES YES
REMARKS:			
----- F R O M ----- D E S C ----- T O ----- PAGE 3 OF 3			
22.82 / HR			
* 790.625504	SKLV BAL		
-----			
18,042.07	----->	SKLV PAYOUT PAY	2,000.00
- 2,000.00			
-----			
16,042.07			
* 80	PERCENT		
-----			
12,833.66		SLIP BEGIN BAL	12,833.66
22.82 / HR			
99.3797	VACATION BALANCE	TERM LEAVE PAY	2,267.85
----- * INDICATES SELECTION LIST			

Page 3 of 3: The newly calculated final sick and vacation balances from Page 2 will be displayed on the FROM side of this page. The applicable percentage rate for the final SLIP calculation is also shown, based on the employee's ending sick balance. It will be 100%, 80% or 60%.

The Sick Leave Payout of up to \$2,000 will be displayed on the TO side. The SLIP BEGIN BAL will also be shown on the TO side if there is any balance remaining after the Sick Leave Payout. And, finally, the TERM LEAVE PAY will be populated on the TO side. The SLIP beginning balance should be large enough to cover one month of insurance.

**Example of remarks page**

START DATE 01/16/1981 Retired 01/31/2014			
BIWEEKLY \$1767.20 + SHIFT \$52.00 + MP \$6.00 = \$1,825.20/80 = HOURLY \$22.82 HOURLY PAID FOR 8 HOURS IN FINAL PAY PERIOD			
* HOURS & BALANCES *			
VACATION BALANCE ...	98.4874	VAC. ACCRUAL RATE ..	8.92307
SICK BALANCE .....	790.3455	SICK ACCRUAL RATE ..	2.76923
COMP BALANCE .....	3.96		
COMP TIME BALANCE OF 3.96 WILL BE PAID OUT ON LAST CHECK VIA TIMESHEET.			
VAC BAL: 98.4874 + EARNED: 0.8923 - used: 0.00			
= FINAL BAL: 99.3797 * HOURLY: \$22.82 = \$2,267.85 VACATION PAYOUT			
SICK BAL: 790.3455 + EARNED: 0.28 - used: 0.00			
= FINAL BAL: 790.6255 * HOURLY: \$22.82 = \$18,042.07 sick payout (MAX \$2,000)			
MED PASS AVERAGE \$6,\$6,\$6,\$6,\$6,\$6 = \$36.00/6 = \$6 MED PASS AVERAGE			
SHIFT AVERAGE \$52,\$52,\$52,\$52,\$52,\$52= \$312/\$52 = \$52 SHIFT AVERAGE			

*Note: Comp Time, Holiday Comp Time, and Banked Holiday should be paid out using the corresponding time type on the HRIS timesheet if on time reporting or by using the appropriate fields on PAYN if not on time reporting.*

Approve the P-1 at the PA and DEPT levels. It will be reviewed and approved by DAS-HRE/Pre-Audit and DAS-SAE/Centralized Payroll. When this P-1 processes, the Sick Leave Payout and the Terminal

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Leave Pay amounts will be paid to the employee on their last payroll warrant. (Remember the termination date MUST be in the current pay period) By preparing the 470 or 475 SLIP CALCULATION P-1, you do not need to prepare a P-1 Type 846 CAT/OTHPAY/TERM/SK to pay the Sick Leave Payout and the Terminal Leave Pay.

**Important!** If you fail to pay out the Comp Time, Holiday Comp Time, or Banked Holiday on the HRIS timesheet or on PAYN, you will have to prepare P-1 type 846 CAT/OTHPAY/TERM/SK to pay out Comp Time, Holiday Comp Time, or Banked Holiday. **Please make sure the 846 P-1 processes before the 470 or 475 SLIP CALCULATION P-1.** If they process in reverse order, the Sick Leave Payout and Term Leave Payout will be zeroed out and the retiree will only be paid for the amount as calculated on the P-1 846 CAT/OTHPAY/TERM/SK. After both have processed, please check the Current Pay Screen (place a "C" in the header action field of the employee information screen and press enter) to verify that all amounts have properly processed and will be paid on the final warrant. See below for a screen print of the Current Pay Screen.

```

D3325370 ACTION: _ EMPLOYEE INFO - CURRENT PAY PRINTER:

+----- KEY INFORMATION -----+
| LAST NAME .....: RETIRED      |
| FIRST NAME .....: LUCKY        B |
| SOCIAL SECURITY: XXX-XX-XXXX    |
| EMPLOYEE NUMBER: XXXXX         |
+-----+-----+-----+-----+
| ANNUAL BONUS PAY .....:      0.00 | MOVE PAY .....:      0.00 |
| INCOME NOT SUB RET ...:      0.00 | SICK LEAVE PAYOFF PAY ...: 2,000.00 |
| REGULAR OTHER PAY ...:      90.37 | WORKER COMP DEDUCTION ...: 0.00 |
| TERM LEAVE PAY .....: 2,267.85 | FSA DEP CARE REF/ADJ .....: 0.00 |
| VACATION PAYOUT .....:      0.00 | FSA HEALTH REF/ADJ .....: 0.00 |
| CATASTROPHIC PAY .....:      0.00 | BACK PAY SUBJECT TO POR ..: 0.00 |
+-----+-----+-----+-----+

```

The Current Pay screen shows the Term Leave Pay and the Sick Leave Payout as calculated on the P-1 type 470 or 475 SLIP Calculation. It also shows the Regular Other Pay as calculated on the P-1 type 846 CAT/OTHPAY/TERM/SK, if used. This screen will not be populated with the dollar amounts until the P-1's have processed.

```

D3325361 ACTION: _ EMPLOYEE INFORMATION PRINTER:
EMPLOYEE RECORD RETRIEVED

+----- KEY INFORMATION -----+----- PAYROLL INFORMATION -----+
| LAST NAME .....: RETIRED      | PAY NAME ...:          |
| FIRST NAME .....: LUCKY        B | PAYGRADE .....: 24      STEP: MX |
| SOCIAL SECURITY: XXX-XX-XXXX    | PAY PLAN .....: 014    |
| EMPLOYEE NUMBER: XXXXX         | *MODE OF PAY ..: 03 BIWEEKLY HR WK: 40 |
|                               | ANNUAL BASE ..:      0.00 |
+-----+-----+-----+-----+
|                               | BIWEEKLY BASE : X,XXX.XX |
+-----+-----+-----+-----+
| NUMBER: XXX-XXX-XXXX-XXXXX-XXX | FMR PAY PLAN ..: 002   |
| CSTCNT: XXX XXXXXX             |                          |
| ASSIGN:                         |                          |
| CLASS TITLE:                    |                          |
| *TYPE .....: 00 PERM FULL TIME-MERT |                          |
| *EMP STATUS : 08 PERMANENT MERIT  |                          |
| *COND OF EMP: 01 FULL TIME       |                          |
| *ELIGIBILITY: N CONTRACT COVERED | SLIP PARTICIPANT    |
| *BARG CODE ..: 002 TECHNICAL     |                          |
|                               | INCREASE DATE :        |
+-----+-----+-----+-----+
| FULLNAME:                       | *TERM. REASON ..: 90 RETIREMENT-SICK B |
| USER ID :                       | *LEAVE REASON ..: 00 ACTIVE           |
+-----+-----+-----+-----+

```

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You will also see the Employee Information screen will have a designation on the right hand side of the screen that displays SLIP PARTICIPANT when the retirement P-1 has processed. This designation will help us track SLIP Retirees. (Note: Once the retiree is no longer eligible to participate in SLIP (turned 65, depleted SLIP balance, etc) DAS-SAE/Centralized Payroll will create a P-1 that will change the designation on the Employee Information screen from SLIP PARTICIPANT to FORMER SLIP PARTICIPANT.) The information on the current Employee Information screen will still show based on the position the retiree had while employed, but it will change once the retiree is transferred to their SLIP Position.

The SLIP BEGINNING BALANCE, as calculated on the P-1 Type 470 or 475 SLIP CALCULATION, will be transferred to the employee information SLIP participant detail screen (SLIP screen). This screen is part of the Employee Information module and may be accessed from the Employee Information screen by putting SLI in the header action field. You will see this when the P-1s for the Retirement (402 or 407) and the SLIP Calculation (470 or 475) have processed. See a screen print of the SLIP screen (SLI) is shown below.

D3325390 ACT: _		EMPLOYEE INFO - SLIP PARTICIPANT DETAIL			PAGE: 0000	
PRINTER:						
+----- KEY INFORMATION -----+						
LAST NAME . . . . .	RETIRED	POSITION NUMBER: XXX-XXXX-XXXX-99054-XXX				
FIRST NAME . . . . .	LUCKY	B   BIRTHDAY . . . . .	XX/XX/XXXX			
SOCIAL SECURITY: XXX-XX-XXXX		RETIRE DATE . . . .	XX/XX/XXXX			
EMPLOYEE NUMBER: 07689		DECEASED DATE . . .	/ /			
+-----+ INELIGIBLE DATE: / /						
INELIG. REASON:						
SPOUSE:						
SPOUSE BIRTHDAY: / /						
HEALTH INS CODE: XXXXX						
COVENTRY OPEN ACCESS						
TOTAL PREMIUM: XXX.XX						
STATE SHARE . . . . . XXX.XX						
HI EFF DATE . . . . .						
STREET ADDRESS						
CITY, STATE, ZIP						
HOME PHONE						
BEGIN BALANCE: \$XX,XXX.XX						
PROCESS	HEALTH	INS PLAN	HLTH ST SH	HLTH ST SH		
DATE	CODE	HLTH ST SH	ACTUAL AMT	ACTUAL AMT	BALANCE	
			DEBIT	CREDIT		
/ /			0.00	0.00	0.00	
/ /			0.00	0.00	0.00	
? HEADER ACTIONS						
TRN SLIP TRANSACTION DETAIL			PF9 HELP	PF12 RETURN	CLEAR EXIT	

Most of the fields on the SLIP screen are self-explanatory. You will note that there are four fields on this screen that are intended for data that is not stored in HRIS for an active employee. Those fields are INELIGIBLE DATE, INELIG REASON, SPOUSE, and SPOUSE BIRTHDAY. The P-1 type 471 SLIP CORRECTION allows DAS staff to make these entries and to make corrections or updates to the retiree's record when necessary. The fields near the bottom of the screen will be populated as the retiree's monthly payments are processed through a monthly billing cycle. While on the SLIP screen, if TRN is typed in the header action field, it will display another screen that shows the details of all SLIP transactions for that retiree. This screen will be a good resource for health insurance premium payments, as only two health insurance premium payments appear on the main SLIP screen.

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A screen print of the new TRN screen is shown below.

D3325391 ACT:		EMPLOYEE INFO - SLIP PARTICIPANT DETAIL				PAGE: 0001	
							PRINTER:
+----- KEY INFORMATION -----+							
	LAST NAME . . . . .	RETIRED					
	FIRST NAME . . . . .	LUCKY	B				
	SOCIAL SECURITY: xxx-xx-xxxx						
	EMPLOYEE NUMBER: xxxxx						
+-----+							
PROCESS	HEALTH	INS PLAN	HLTH ST SH	HLTH ST SH			
DATE	CODE	HLTH ST SH	ACTUAL AMT	ACTUAL AMT	BALANCE		
			DEBIT	CREDIT			
12/01/20XX	1N400		517.19	0.00	517.19	xx,xxx.xx	
11/01/20XX	1N400		517.19	0.00	517.19	xx,xxx.xx	
10/01/20XX	1N400		517.19	0.00	517.19	xx,xxx.xx	

Existing P-1s will be used when making changes to the retiree’s information for items such as home address and phone number changes, name changes, etc. In the event you are contacted by one of your retirees with change information, please inform the retiree to notify Barb McNulty (515-281-3714) directly for the changes to be made to the retiree’s SLIP record.

Because the retiree will be transferred the following pay period into a SLIP position in your department, you will be able to view their SLIP record and their historical data at all times. An exception would be if the retiree were to return to temporary state employment with another agency. Once the employing agency puts the retiree onto the system in the current temporary position, that retiree will no longer be able to be viewed by the retiring department. If the HRA has any questions regarding this situation, they can contact Barb McNulty directly at 515-281-3714.

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING**

**Transfer the SLIP Retiree into their SLIP Position**

1. The next step, in the following pay period, is to transfer the retiree into one of the SLIP positions previously established. **A SLIP retiree cannot be moved into the SLIP position until the pay period following their retirement.**

**Example:**

- A person retires in the 02/14/2014 pay period
- Move them into the SLIP position the 02/28/2014 pay period.
- Warning - If a SLIP retiree is transferred to their SLIP position in the same pay period in which they retire, their last regular warrant (with their Term Leave Pay) will not write. There are edits in the system to prevent an employees in a class code of 99054 (SLIP) to be paid. This step is also important for the processing of the SLIP billings to the individual departments.

To initiate the P-1 Type 055 TRANSFER TO SLIP, start at the retiree's Employee Information (See page 6 for a screen print of the Employee Information screen) module screen and type in P-1 in the header action field. This will take you to the retiree's P-1's FOR AN EMPLOYEE screen as shown below.

```

D3325047 ACT: QW          PERSONNEL ACTIONS (P-1S)          PAGE: 0001
PRINTER:                P-1S FOR AN EMPLOYEE

SOCIAL SECURITY NUM ==> XXX-XX-XXXX
EMPLOYEE NAME      ==> LUCKY B RETIRED
START AT PAY PERIOD ==> 12/29/20XX
QUICK WRITE P-1 TYPE ==> 055 TRANSFER TO SLIP

ACT PP BEGIN  -----STATUS-----  -----TYPE-----  NUMBER  COST
_  12/29/20XX  PROCESSED                HEALTH/DENTAL BENE  XXXXXXXX  XXX-XXXXXX
_  12/29/20XX  PROCESSED                SLIP CALCULATION   XXXXXXXX  XXX-XXXXXX
_  12/29/20XX  PROCESSED                RETIREMENT         XXXXXXXX  XXX-XXXXXX
  
```

P-1's FOR AN EMPLOYEE - Tab to the QUICK WRITE P-1 TYPE line and type in 055 and press enter. The screen will refresh and the Quick Write P-1 Type line will read 055 TRANSFER TO SLIP. Then type in QW in the header action field and press enter. This will start the process of writing the P-1 Type 055.

```

D3325041          PERSONNEL ACTIONS (P-1S)          PAGE: 0001
                  POSITION SELECTION LIST

COST CENTER      ==> XXX-XXXXXX
POSITION NUMBER   ==> XXX-XXX-XXXX-XXXXX-XXX
* * TYPE AN 'S' NEXT TO THE POSITION TO BE FILLED * *
CT ---POSITION NUMBER----  ---EMPLOYEE NAME----  ---CLASS----  -POSITION TYPE--
_  XXX-XXX-XXXX-XXXXX-XXX  * * * VACANT * * *    SECRETARY 2    PERM FULL TIME-M
_  XXX-XXX-XXXX-XXXXX-XXX  * * * VACANT * * *    TYPIST-ADV    PERM FULL TIME-M
_  XXX-XXX-XXXX-99054-001  * * * VACANT * * *    SLIP RETIREE  SLIP

S SELECT POSITION      PF7 BKWD    PF8 FWD    PF9 HELP    PF12 RETURN    CLEAR EXIT
  
```

The next screen that will appear is the Position Selection List. Type in the cost center that your SLIP positions were created and press enter. Scroll through the list of positions, if necessary, and place an "S" in the line of the SLIP position that you want to move the retiree into and press enter. This then takes you into the five pages P-1 Type 055 TRANSFER TO SLIP.

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING**

```

D3325061 ACT: _   REPORT OF PERSONNEL ACTION (P-1) | ----- P-1 TYPE -----
PRINTER:         RETIRED, LUCKY B                 | 055 TRANSFER TO SLIP
-- P-1 STATUS -- P-1 NUMBER .....: 1160257       | ----- APPROVED BY -----
NEEDS PROCESSING EFFECTIVE DATE ....: 07/14/20XX  | PA  DEPT PAYL PROC
OPTIONAL REMARKS* INITIATED BY .....: 005-410010  | YES YES YES NO
REMARKS:                                               |
----- F R O M ----- D E S C ----- T O ----- PAGE 1 OF 5
                RETIRED|   LAST NAME   | RETIRED
                LUCKY|   FIRST NAME  | LUCKY
                 B |   MIDDLE NAME | B
                |           |
                F |   SEX         |
WHITE (NON-HISPANIC ORIGI 0 |ETHNIC ORIGIN* |
                XXX-XX-XXXX |SOCIAL SECURITY|   -   -
                XX/XX/xxxxx | BIRTH DATE   |   /   /
                NO DISABILITY 0 |DISABILITY CD*|
                |           |
----- * INDICATES SELECTION LIST

```

Page 1 of 5: Make any necessary changes on this screen. It is unlikely there would be any.

```

D3325062 ACT: _   REPORT OF PERSONNEL ACTION (P-1) | ----- P-1 TYPE -----
PRINTER:         RETIRED, LUCKY B                 | 055 TRANSFER TO SLIP
-- P-1 STATUS -- P-1 NUMBER .....: 1160257       | ----- APPROVED BY -----
NEEDS PROCESSING EFFECTIVE DATE ....: 07/14/20XX  | PA  DEPT PAYL PROC
OPTIONAL REMARKS* INITIATED BY .....: 005-410010  | YES YES YES NO
REMARKS:                                               |
----- F R O M ----- D E S C ----- T O ----- PAGE 2 OF 5
                XXXXXXXXXXXXXXXX | STREET ADDR 1 | XXXXXXXXXXXXXXXX
                |           |
                XXXXXX |   CITY        |
                 XX |   STATE       |
                XXXXX-XXXX | ZIP CODE     |   -
                POLK   XX | CO. RESIDENCE*|
                XXX-XXX-XXXX | HOME PHONE   |   -   -
                |           |
----- * INDICATES SELECTION LIST

```

Page 2 of 5: Make any necessary changes on this screen. It is unlikely there would be any. Verify the address uses the USPS guidelines for abbreviations and that no punctuation is used.



**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING**

```

D3325068 ACT: _   REPORT OF PERSONNEL ACTION (P-1) | ----- P-1 TYPE -----
PRINTER:          RETIRED, LUCKY B                | 055 TRANSFER TO SLIP
-- P-1 STATUS --  P-1 NUMBER .....: 1160257      | ----- APPROVED BY -----
NEEDS PROCESSING EFFECTIVE DATE ....: 07/14/20XX | PA  DEPT PAYL PROC
OPTIONAL REMARKS* INITIATED BY .....: 005-410010 | YES YES YES NO
REMARKS:
----- F R O M ----- D E S C ----- T O ----- PAGE 5 OF 5
      PERM FULL TIME-MERT    00 | POSITION TYPE* | 55  SLIP
      PERMANENT MERIT        08 | EMPLOYEE STAT* | 55  SLIP
      FULL TIME              01 | COND OF EMP*  | 55  SLIP
----- * INDICATES SELECTION LIST

```

Page 5 of 5: The POSITION TYPE will be defaulted to 55 SLIP. Enter 55 for the EMPLOYEE STATUS and the CONDITION OF EMPLOYMENT. You may use the selection lists for these two fields. When this P-1 processes, the retiree's 18-digit position number will be changed to the new SLIP position number on their HRIS record.

- Putting Health code back in retiree's record:** In the pay period after the employee retires, DAS-HRE/Benefits will prepare a P-1 type 293 RETIREE HEALTH/DENTAL BENEFIT CHANGE to put the health code that the employee chose at the time of retirement. DAS-HRE/Benefits will also put all approval levels on the P-1. Page 1 of the P-1 293 is shown below.

```

D3325072 ACT: _   REPORT OF PERSONNEL ACTION (P-1) | ----- P-1 TYPE -----
PRINTER:          RETIRED, LUCKY B .              | 293 RETIREE HEALTH/DEN
-- P-1 STATUS --  P-1 NUMBER .....: 2087417      | ----- APPROVED BY -----
PROCESSED         EFFECTIVE DATE ....: 02/28/20XX | PA  BENE PROC
OPTIONAL REMARKS* INITIATED BY .....: 005-350000 | YES YES YES
215
REMARKS: SLIP
----- F R O M ----- D E S C ----- T O ----- PAGE 1 OF 7
      00000 |HI PLAN NUMBER | 1X400
      03/01/20XX | HI EFF DATE | 03/01/20XX
NOT DOUBLE SPOUSE 0 |HI PLAN HOLDER*|
      00000 |DI PLAN NUMBER*|
      03/01/20XX | DI EFF DATE | / /
NOT DOUBLE SPOUSE 0 |DI PLAN HOLDER*|
      - - | SPOUSE SSAN | - -
NO DEPT IDENTIFIED | SPOUSE DEPT* | NO DEPT IDENTIFIED

```

## SICK LEAVE INSURANCE PROGRAM (SLIP) DOCUMENT PROCESSING

### Monthly Billing Process

DAS-SAE/Centralized Payroll has a SLIP Master File which contains all individuals who have retired under SLIP. DAS-SAE/Centralized Payroll tracks:

- The retiree's SLIP beginning balance
- SLIP position number
- The health insurance code before retirement
- Health insurance code for plan chosen at retirement
- The effective date of the new health code.

Once the monthly billing file is processed, DAS-SAE/Centralized Payroll receives a Monthly Billing Report for SLIP Retirees (075N371-A). The information contained in the SLIP journal is similar to the regular payroll journal, with the only charges being for the state share of the health insurance premium. The SLIP journal is organized by 10 digit payroll number, and then totaled by 6 digit payroll number and a grand total for each department.

The retiree's date of birth and remaining SLIP balance are shown on the SLIP journal. This same information can be obtained by looking on HRIS, Employee Information, and looking at the individual retiree's SLIP Screen (SLI). If the retiree has become ineligible or will become ineligible in the near futures, you will see a COMMENT listing the reason that they are ineligible.

DAS-SAE/Centralized Payroll tracks the SLIP retirees' balances and communicates directly with the retiree when they are within 60 to 90 days of depleting their SLIP balance. DAS-SAE/Centralized Payroll also collects the necessary money from the retiree to pay the entire state share health insurance premium in the month the retiree depletes their SLIP funds. DAS-SAE/Centralized Payroll will prepare a P-1 type 471 SLIP Correction in the month that they become ineligible for SLIP and will also prepare a P-1 type 491 to terminate the retiree and change the term code from 90 (Retirement Sick Bal Conv to Health) to 91 (Sick Bal \$ Depleted).

#### **Example:**

- A retiree has a health insurance plan with a state share of \$580.71 and a SLIP balance of \$300.
- DAS-SAE/Payroll would collect the difference of \$280.71 from the retiree, the \$300 balance from the department, and make the entire final month's premium payment of \$580.71 to the health insurance company.
- The following month, the retiree would switch to the direct pay and receive a bill directly from the insurance company.
- The state would no longer pay a portion of the health insurance premiums; therefore, the retiree's department would no longer be billed for these premiums.

DAS-SAE/Centralized Payroll is also monitoring the retiree's age to determine Medicare eligibility, and removes the retiree from the monthly billing and prepares P-1 type 471 SLIP CORRECTION in the month that they become Medicare eligible. DAS-HRE/Benefits is also monitors the retiree's age and communicates directly with the retirees several weeks prior to becoming ineligible for the SLIP program due to becoming Medicare eligible.

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING**

1075N371-A	MONTHLY BILLING REPORT FOR SLIP RETIREES						
RUN DATE: 02/07/20XX	EFFECTIVE 01/01/20XX						
RUN TIME: 11.49.22							
XXX-XXX-XXXX	FINANCE & ADMINISTRATION						
ORETIREE NAME	CLASS-POS	EMPLOYEE NUMBER	HEALTH CODE	BIRTH DATE	HLTH STSHR FROM CARRIER	HLTH STSHR FROM RATE TABLE	REMAINING BALANCE
LUCKY B. RETIRED	99054-002	xxxxxx	CX400	02/19/1951	1,122.75	479.81	18,893.71

Fields on the SLIP Journal are as shown in the snapshot above. Most fields are self-explanatory, but a couple fields necessitate a more detailed explanation.

- The HLTH STSHR FROM CARRIER is the amount of the State Share owed to the health insurance company for that retiree and is what will be charged to your department for the month.
- The HLTH STSHR FROM RATE TABLE is the amount that is pulled from the rate table on HRIS.

As you can see in the example above the two amounts do not match. In this example, the person is moving from family coverage to single coverage effective 2/1/20XX. The rates do not match due to the fact that the SLIP Journal shown is for January coverage, and their new health insurance code effective for February had already been loaded into the HRIS system at the time the journal was run. The amount shown in the HLTH STSHR FROM RATE TABLE is the premium amount that will go into effect on February 1.

The only time the amounts in the two columns should be different is:

- If the retiree changes their coverage and the health code is changed on HRIS before the current month billing is run
- If the retiree will deplete their SLIP account during the current billing cycle.

These scenarios above would cause the two amounts to be different; however, the department will be billed the correct amount for the health coverage that was in effect for each month.

*When the retiree makes changes to their insurance by notifying Wellmark only and not DAS-HRE/Benefits or DAS- SAE/Centralized Payroll, this may cause DAS-SAE/Centralized Payroll to over/under bill the department in error. When this happens, we will notify the department and outline the steps that will be taken to correct the error.*

SLIP Journal messages that may show up on the COMMENT line are in the table below.

Event	SLIP Journal Message
Returned to full-time employment with the State	Return to Perm Employ
Deceased	Deceased
Terminated Insurance coverage	Insurance Terminated
SLIP Balance is exhausted	Depleted SLIP Account
Retiree reaches age 65	Turned age 65
Retiree is no longer eligible for benefits (DAS-SAE/Payroll prepares P-1 to set ineligible reason)	Inactive Date Set

Once DAS-SAE/Centralized Payroll has reconciled the Monthly Billing Report for SLIP Retirees, DAS-ITE runs the billing file and produces the SLIP Health State Share Billing (075N372-A). This report is received by DAS-SAE/Centralized Payroll and reconciled against the Monthly Billing Report for SLIP Retirees (SLIP Journal).

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING**

1075N372-A	SLIP HEALTH STATE SHARE BILLING	RUN DATE: 02/07/20XX RUN TIME: 15.28.37 PAGE NO. 1
0 DEPT XXX-XXX-XXXX	FINANCE/FINANCIAL REPORTING AND BUDGET	
	SUB	
	FY FUND AGCY ORGN ORG ACTIV FUNCTION JOB NO	AGCY REP CAT BILLING AMT
	0001 XXX 2240	1,602.54

Fields included on the SLIP Health State Share Billing are as shown above in the snapshot. When you receive your actual report, all applicable fields will be populated and a billing amount will be populated. The SLIP Health State Share Billing is organized by 10 digit payroll number, and totaled by fund to be charged for each department.

Two copies of the Monthly Billing Report for SLIP Retirees (SLIP Journal) and one copy of the SLIP Health State Share Billing are sent to each department. A cover letter will accompany these reports and will detail the date the funds will be charged to the department via an IET (Internal Exchange Transfer). These IET transactions will process as I/3 accounting documents with the document numbers automatically assigned to them as follows: xxxPSxxxxxxx. (PS stands for Payroll SLIP). After reviewing the SLIP Health State Share Billing, if there are any corrections to be made, the department should contact DAS-SAE/Centralized Payroll. Once DAS-SAE/Centralized Payroll has collected the health insurance premiums, the payments are made to the health insurance companies.

## SICK LEAVE INSURANCE PROGRAM (SLIP) DOCUMENT PROCESSING

### Corrections for a SLIP Retiree

There may be instances where the HRA will have to make corrections for a SLIP retiree. Depending on what step the HRA is at in the SLIP retirement process for the individual retiring, there will be certain steps that the HRA must follow to make corrections. In some instances, the HRA might have already transferred the retiree into their SLIP position before it is discovered that a correction is needed. The most common reasons we have encountered to date for bringing a SLIP retiree back onto payroll are:

- The retiree's Deferred Compensation deduction was not calculated correctly and it caused the Deferred Compensation deduction to fail.
- They were not paid for hours that they are entitled to (i.e., hours work in the last pay period of employment or comp time balance payoff).

Whenever a correction is needed to be made to a SLIP retiree's record, it will be necessary to call DAS-SAE/Centralized Payroll (and DAS-HRE/Deferred Compensation in the event of a deferred compensation error) for help with these corrections. Corrections performed will be dependent upon where during the SLIP process the error is discovered.

### Returning a SLIP Retiree back as active employee

If you need to bring a retiree back into an active position to correct their pay or for a settlement and it is a one-time payment, you will need to contact DAS-SAE/Centralized Payroll for the steps that need to be completed to bring them back to an active position. Once the retiree has been paid, you will then need to terminate them again and move them back into their original SLIP position with the original SLIP retirement date.

**Example:** SLIP retiree needs to be reemployed to pay a settlement

- The HRA would key a P1 #065 to put them in a temporary seat
- Make the necessary payment
- Once payment has processed key a P1 #403 Termination of Temp employee with a term code of 73 using the original retirement date
- Once P1 #403 has processed, key P1 #490 Term correction and change their term code from 73 to a 90
- Once the P1 #490 had processed, key P1 #055 to move them back into their original SLIP position

If the SLIP employee comes back to employment as a temporary employee and works for more than one pay period, when the retiree terminates again please follow the following steps:

**Example:** SLIP retiree comes back to work as a temp employee and then terminates after at least 1 pay period

- The HRA would key a P1 #065 to put them in a temporary seat
- When the SLIP retiree terminates, key a P1 #403 Termination of Temp employee with a term code of 73 using the current term date.
- The HRA would not need to correct the term code or put the retiree back into their SLIP position.
- We want the retiree's record to reflect their most current position that was held.

SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING

APPENDIX:  
EXAMPLES / FORMS

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX A**



**Sick Leave Insurance Program Enrollment Form**

<b>Employee Name</b>	_____
<b>Department</b>	_____
<b>Date of Birth</b>	_____
<b>Last Day Worked</b>	_____
<b>Age at Termination</b>	_____
<b>IPERS File Date</b>	_____

**Affirmations**

I meet the eligibility requirements for the Sick Leave Insurance Program (Program) by being eligible for and accepting a *bona fide retirement under the Iowa Public Employees' Retirement System*.

I understand that I will remain eligible for this Program until one of the following occurs:

- I accept permanent employment with the State of Iowa;
- I fail to pay any employee share amount due;
- I stop participating in the State's group health insurance program;
- I become eligible for Medicare;
- My sick leave insurance account is depleted; or
- I die.

I understand that this Program will pay the employer's share of state health insurance that would otherwise be paid for by the State if I were still a state employee. I understand that I may be required to pay a percentage of the health insurance premium in order to participate in this Program and I understand that this required amount may change. I understand that I will be notified prior to the start of each plan year of the health insurance premium percentage I may be required to pay. I cannot use these funds to pay for the State's group dental program or for private insurance.

I understand that if I become reinstated in a permanent full-time or permanent part-time position, become eligible for Medicare, or die before my account is exhausted, my balance is not transferable. The remainder will be forfeited.

I understand that if I elect to change my effective date of retirement, I must complete a new Sick Leave Insurance Program Enrollment Form and give it to my Department Personnel Assistant prior to my last day of work.

**I, the undersigned employee, and the State of Iowa agree as follows:**

**Section 1 – Parties**

(a) For purposes of this Enrollment Form, the "State" refers collectively to the State of Iowa, its branches, departments, agencies, commissions, boards, offices, or other entities of state government, including its elected officials.

(b) I, the undersigned employee, am an eligible and participating employee in the Program.

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX A**

**Section 2--Benefits and Termination of Employment**

(a) The State promises that I will receive the benefits for which I am eligible under the Program in exchange for this Enrollment Form and my voluntary retirement from employment. I acknowledge that I will not be entitled to receive any of these benefits unless I sign this Enrollment Form. These benefits will be paid according to the provisions of the Program, as provided in the applicable collective bargaining contract or legislation and administrative rules, but only if I do not revoke this Enrollment Form, which I may do prior to my date of termination from employment.

(b) I understand that the State reserves the right to suspend or terminate the Program; to modify the Program to provide different cost sharing between the State and participants; or to amend the Program in any respect. I understand that changes may occur at any time.

(c) I understand that I am eligible for any plan that the State should make available to me. I understand that this Program will pay the employer's share of state health insurance that would otherwise be paid for by the State if I were still a state employee and further understand that I may be required to pay a percentage of the premiums directly, regardless of my SLIP balance. I understand that the percentage I am required to pay may change. I acknowledge that I may be eligible to participate in the State's wellness plan while I participate in this Program.

(d) I agree that my employment with the State has ended or will end on the date agreed to by me and the State. I agree and understand that if I return to permanent employment with the State, or to a temporary position with the State that has not been approved by the Department of Administrative Services, I am no longer eligible for the benefits of this Program. I acknowledge that no one has pressured or coerced me into retiring or participating in the Program. I further acknowledge that no one made any representations to me (other than the representations contained in the official written documents for the Program and the official website) about the Program or about benefits or programs that the State may or may not offer in the future. I further acknowledge I am not entitled to rely upon written or verbal representations made to me other than contained in the official Program documents.

(e) I affirm that I meet the eligibility requirements to participate in the Program and I acknowledge it is my responsibility to confirm or make sure that I am eligible for the Program.

**Section 3 –Release**

I hereby release the Iowa Public Employees' Retirement System to provide information to the Department of Administrative Services and the Department of Management for the purposes of verifying my initial and continuing eligibility for this Program.

**Section 4 – Entire Agreement**

This Enrollment Form is the entire agreement between me and the State. This Enrollment Form may not be modified or canceled in any manner, other than revocation by me, unless made in writing and signed by both me and an authorized State official of the employing agency and the Iowa Department of Administrative Services. I agree and understand this Enrollment Form is not an admission of guilt or wrongdoing by either myself or the State. I acknowledge that the State has made no promises to me other than those in this Enrollment Form. If any provision in this Enrollment Form is found to be unenforceable, all other provisions will remain fully enforceable. The State is not required to sign this Enrollment Form for it to become binding upon both me and the State.

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX A**

**PLEASE READ BEFORE SIGNING**

**TAKE THIS ENROLLMENT FORM HOME, READ IT, AND CAREFULLY CONSIDER ALL OF ITS PROVISIONS BEFORE SIGNING IT.**

**YOU MAY SUBMIT THE SIGNED ENROLLMENT FORM AT ANY TIME PRIOR TO YOUR RETIREMENT. TO PARTICIPATE IN THE PROGRAM, YOU MUST SIGN AND SUBMIT THIS ENROLLMENT FORM TO YOUR PERSONNEL ASSISTANT ON OR BEFORE YOUR RETIREMENT DATE.**

**SIGN HERE IN INK: \_\_\_\_\_ DATE: \_\_\_\_\_**

---

**For Personnel Assistant Use Only**

**Date Enrollment Form Completed:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Last Day Scheduled to Work:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Send a copy of this completed form to Department of Administrative Services-Human Resources Enterprise as soon as it is completed. You do not need to wait for the P1 documents to be completed. Keep the original in the employee's personnel file.

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX B**

**Healthy Opportunities Participation Election Form**

---



**Healthy Opportunities Wellness Program  
Executive Branch Non Contract SLIP Retiree Participation Election**

Employee Name \_\_\_\_\_  
Last Four of SSN \_\_\_\_\_  
Department \_\_\_\_\_  
Termination Date \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Home Email Address (required if you have one) \_\_\_\_\_

(please update DAS-HRE if you change your email address by emailing: [healthy.opportunities@iowa.gov](mailto:healthy.opportunities@iowa.gov) )

---

**Affirmations**

I am retiring from an executive **branch** non-contract position after January 1, 2014, and will participate in the Sick Leave Insurance Program (SLIP).

I elect to:

- Participate in the Healthy Opportunities Wellness Program  
 NOT Participate in the Healthy Opportunities Wellness Program I understand that:

- 
- I am required to pay a percentage of the total premium of the health insurance plan available to SLIP retirees as long as I participate in SLIP. I acknowledge that this percentage may change over time.
  - Every year that I participate in SLIP, I must elect to participate or not to participate in the Healthy Opportunities Wellness Program and must confirm my participation or non-participation in the manner designated by the Iowa Department of Administrative Services – Human Resources Enterprise (DAS-HRE).
  - If I choose to participate in the Healthy Opportunities Wellness Program, I must complete all the necessary requirements of the program every year to remain eligible for the monthly premium reduction. Further if I am identified to participate in telephonic coaching, I must complete the required number of calls in order to maintain my eligibility for the coming year.
  - My Healthy Opportunities Wellness Program election to participate or not remains in place for the calendar year unless my SLIP eligibility ends during the year. I may not change my election in the Healthy Opportunities Wellness Program midyear.

When I am no longer a SLIP retiree, I understand that:

- I will no longer be eligible for the Healthy Opportunities Wellness Program and the out-of-pocket premium reduction.
- I will have the option to remain on the State of Iowa retiree health insurance through the Direct Pay Group health plans, which could have slightly different benefits than the plan I was on while participating in the Healthy Opportunities Wellness Plan.
- DAS-HRE will send information to me regarding the transition from the SLIP program to the Direct Pay Group prior to the end of my SLIP eligibility.

THIS FORM MUST ACCOMPANY YOUR SLIP RETIREMENT PAPERWORK REGARDLESS OF IF YOU ARE PARTICIPATING IN THE HEALTHY OPPORTUNITIES WELLNESS PROGRAM OR NOT.

SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

Human Resources Associate or Personnel Assistants:

Health code as an employee: \_\_\_\_\_

Please keep a copy of this form in the employee's personnel file; send the original to DAS-HRE, Attn: Wellness Coordinator

<p><b>DAS HRE USE ONLY</b></p> <p><input type="checkbox"/> Wellness Election Verified: _____</p> <p>Health Code as a SLIP Retiree: _____</p>
--

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX C**

**Wellmark Application Form**



**Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.**

Independent Licensees of the Blue Cross and Blue Shield Association

PO Box 9232  
Des Moines, Iowa 50306-9232

**State of Iowa Indemnity,  
PPO, and Blue Access®  
Group Application**

Effective Date	____/____/____
Group/Section No.	_____

**A. NAME, ADDRESS AND COVERAGE**  New Hire  Late Enrollee  Special Enrollee  Change

Name (Last)	(First)	Telephone No.	Social Security No. (Required)
Residence (No.)	(Street Or Rfd No.)	(City)	(State) (Zip)
Employee Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Retiree <input type="checkbox"/> Part-Time <input type="checkbox"/> Cobra	Date Employed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare ID No.
Type Of Benefits Desired <input type="checkbox"/> Program 3 Plus <input type="checkbox"/> Iowa Select <input type="checkbox"/> Deductible 3 Plus <input type="checkbox"/> Gold Preferred <input type="checkbox"/> Blue Access®	Coverage Does Not Start Until An Effective Date Is Assigned		Medicare Part A Effective Date: _____ Medicare Part B Effective Date: _____

**B. CONTRACT INFORMATION** Complete this area only if requesting family coverage: List all other persons to be covered on your family contract. **MUST COMPLETE IF APPLICABLE**

1. Please List Your Spouse or Domestic Partner Here If Family Contract <input type="checkbox"/>	Name (First)	(Last)	Birthdate Mm/Dd/Yy	Gender	Social Security Number (Must Complete)	Student Or Disabled?	Soc. Sec. Disabled?	Medicare Enrolled?
(Spouse or Domestic Partner)				<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
And All Eligible Children Here If Family Contract <input type="checkbox"/>	(Child)			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Child)			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Child)			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. EVENT(S) OR REASON(S) FOR CHANGING CONTRACT**

<input type="checkbox"/> Married <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Change of Spouse's or Domestic Partner's Employment <input type="checkbox"/> Other	Date Of Event	Explanation:
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**D. MEDICARE COVERAGE**

Spouse or Domestic Partner Name (as it appears on Medicare card):	Effective Date (Part A):	Dependent Name (as it appears on Medicare card):	Effective Date (Part A):
Medicare ID (HIC) No.:	Effective Date (Part B):	Medicare ID (HIC) No.:	Effective Date (Part B):

**E. OTHER CARRIER INFORMATION**

If your spouse or domestic partner, or anyone named in this application has hospital, medical, dental or prescription drug coverage insurance through another group plan where the employer pays any portion of the cost or makes payroll deductions complete the following:

Yes  No Will you, your spouse or domestic partner, or your dependents keep other health coverage in addition to this Wellmark, Inc. coverage?

Yes  No In a divorce situation, has a divorce decree required one parent be primarily responsible for health insurance for any of the above listed dependents?

Policy No.: \_\_\_\_\_  
 Policyholder Name (First, Last): \_\_\_\_\_  
 Employer (if applicable): \_\_\_\_\_  
 Insurance Company/HMO Name and Address: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

Who is covered by the other health plan?  
 Self  Spouse or Domestic Partner  
 Children

**F. PRIOR COVERAGE INFORMATION**

Yes  No New Hire: Did you, your spouse or domestic partner, or dependents have health coverage 63 days prior to the hire date stated above?

Yes  No Special Enrollee/Late Enrollee: Did you, your spouse or domestic partner, or dependents have health coverage within 63 days prior to the effective date of this coverage? If yes, please complete:

Name of Ins. Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Covered Person(s): \_\_\_\_\_ Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**G. AUTHORIZATION AND CERTIFICATION**

I have read and understand the Authorization and Certification and Important Information Regarding Waiver of Enrollment language on this application and acknowledge receipt of a fully completed copy of this application.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**H. WAIVER OF ENROLLMENT (PLEASE COMPLETE IF YOU ARE WAIVING HEALTH BENEFITS)**

I waive health coverage for my dependents and myself. Please indicate one of the following reasons:  
 I (We) have coverage under another health care benefit plan.  I (We) do not wish to enroll in the health plan.

Please see the Important Information Regarding Waiver of Enrollment section on the back of this application.

SICK LEAVE INSURANCE PROGRAM (SLIP)

DOCUMENT PROCESSING

APPENDIX D

Application for Continuation in State Group Insurance Plan

APPLICATION FOR CONTINUATION IN THE RETIRED/DISABLED STATE GROUP HEALTH OR DENTAL INSURANCE PROGRAM

FOR DAS-HRE USE ONLY

Start Direct Bill Eff. \_\_\_\_\_
Health Code \_\_\_\_\_
Dental Code \_\_\_\_\_

1. Name and Home (billing) Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Continuation:

- Retirement
Sick Leave Insurance Program
State Share: \$
Retiree Share: \$
TOTAL: \$
Long Term Disability (LTD)
Resigning General Assembly Member

2. Social Security No. \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Payroll No \_\_\_\_\_

4. Date of Retirement \_\_\_\_\_ OR;

5. Date approved for Long Term Disability (LTD) \_\_\_\_\_

6. Month Employee Was Last Added to the Active Employee Monthly Billing \_\_\_\_\_

7. Enclosed Check is for the Month of \_\_\_\_\_

8. Present Health Coverage \_\_\_\_\_ Single Family
(Insurance Carrier and Plan)

Present Dental Coverage Single Family

9. Have you applied for IPERS or L.T.D. benefits? Yes No

I understand and accept that it is necessary and required, in order for health insurance claims to be paid properly, that when I, or my spouse/dependents, if covered under my health plan, become eligible for Medicare, the Medicare eligible person must enroll in both Parts A and B of Medicare. When I am no longer an active employee, Medicare is the primary carrier for Medicare eligible persons.

This note serves as notice that the prescription drug coverage with the State's health plans is considered creditable coverage and I will not be penalized for later enrollment in a Medicare prescription drug plan as long as I am continuously covered by the State's plan. However, I understand that an optional Part D Medicare Prescription Drug Plan may be available to me for coordination of drug benefits with some of the Wellmark Plans. I can contact Wellmark at 1-800-622-0043 for more details. It is my responsibility to notify the insurance carrier of Medicare eligibility.

Please sign and retain a copy of this form for your records.

Signature

Date

NOTE:

- The first month's premium, if applicable, must accompany this application. Make the check(s) payable to the insurance carrier.
You will receive a bill, if applicable, from your insurance carrier for the next premium payment.
You may sign up for automatic account withdrawal from your checking or saving account. Contact the insurance carrier for details.
You must complete new applications.
Individuals 55 years of age and older must be eligible for and must have made application for retirement benefits.
Individuals 65 years of age and older who are applying for continuation in the health insurance program must have applied for Medicare and completed the insurance application for change to "Medicare Carve-Out" coverage. A copy of the Medicare card or a letter from the Social Security Administration showing Medicare A & B effective dates MUST accompany this paperwork.

Return this form, a check for the first month's premium, if applicable, and the top copy of the insurance application(s), to your department Personnel Assistant.

CFN 552-0442 R 5/06

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX E**



**STATE OF IOWA  
SICK LEAVE INSURANCE PROGRAM ENROLLMENT CHECKLIST**

The checklist below is provided as a guide to departmental personnel assistants to assure that all necessary forms for participation in the Sick Leave Insurance Program (SLIP) are completed and submitted timely. Please review completed forms carefully before submitting any required forms to HRE. If you have questions, please contact the appropriate person listed on page two of this form.

<b>FORMS REQUIRED TO PROCESS SICK LEAVE INSURANCE PROGRAM (SLIP) DOCUMENTS</b>		
√	1	<p>Sick Leave Insurance Program Enrollment Form</p> <p>Employee completes and signs this form, HRA/PA completes HRA/PA portion on last page. Email or fax a copy of the signed form to DAS-HRE, Elise Mullen. The copy must be received by HRE before the retirement P1s will be approved. After all termination documents have been processed, enter initial SLIP Account balance on original form and file in the employee's personnel folder.</p>
	2	<p>Group Insurance Continuation Form</p> <p>This is the cover sheet for the employee's health/dental applications. Employee fills out and signs. Keep a copy, and send to DAS-HRE.</p>
	3	<p>Application for Health Insurance</p> <p>Application for the continuation of health insurance coverage. This is required even if the retiree is staying with the same health plan. SLIP retirees can only change to a plan that is lower in cost, but they can switch between Program 3 Plus and Deductible 3 Plus if they want the other option instead. Paperwork is sent to DAS-HRE, along with the continuation form and dental application if applicable.</p>
	4	<p>Healthy Opportunities Wellness Program Executive Branch Non Contract SLIP Retiree Participation Confirmation (552-0769)</p> <p>A SLIP participant, who retires from an <b>executive branch non-contract position</b>, can choose to participate or not to participate in the Healthy Opportunities Wellness Program. By participating in the Healthy Opportunities Wellness Program, a SLIP retiree's out-of-pocket portion of the premium is reduced by \$111/month. The \$111 premium reduction comes from the individual's SLIP account.</p> <p><b>This form must be completed by all SLIP participants who retire from an executive branch non-contract position, whether electing to participate in the Healthy Opportunities program or not.</b></p>
	5	<p>Retirement P-1</p> <p>HRA/PA completes this document for any type of retirement or termination in the pay period the employee retires. Retirement P-1 402 or 407-Non-Executive.</p>
	6	<p>Slip Calculation P-1</p> <p>Calculates the SLIP account balance; enter the P1 in the pay period they retire. P-1 470 or P-1 475--Non-Executive SLIP Calculation.</p>
	7	<p>Health Insurance P1</p> <p>Once the HRA/PA enters the termination of employment into IowaBenefits, IB will send cancellations (00000) on the payroll file and an automatic 294 P-1 will be created by IB to zero out the deductions under the active group.</p>
	8	<p>M-5 to create a new SLIP position. Note- these can be done at any time by the department.</p> <p>Position will remain on employing department TO side. Department can choose the appropriate Cost Center and system will default the 10 digit payroll number. Use class code <b>99054</b> and let the system set the seat number. Use M-5 type 055 ADD SLIP POS. Payroll distributions may be assigned to the SLIP position, using pages 2 through 4 of the M-5, as is done on regular positions.</p>
	9	<p>P-1 to move retiree into their new SLIP position.</p> <p>Use P-1 type 055 – Transfer to SLIP. <b>This must be done in the pay period after retirement.</b></p>
	10	<p>Health Insurance P1</p> <p>Once the health &amp; dental insurance codes are zeroed out and processed, DAS-HRE enters the health code for the health plan chosen <b>in the pay period following retirement</b> using a P-1 type 293.</p>

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX E**

<b>OPTIONAL FORMS RELATED TO GENERAL RETIREMENTS</b>		
It may be necessary to complete one or more of these documents depending upon the employee's circumstances.		
√		
1	SLIP Calculation Worksheet	Provide to the employee prior to retirement if requested to show an <b>estimate</b> of the SLIP account beginning balance.
2	Application for Dental Insurance	Although not covered by the SLIP program for payment of premiums, retirees may elect to continue dental coverage. A new application to continue the insurance is required. Retiree also needs to send a check for the first month's dental payment. Paperwork goes to HRE along with the health insurance application and continuation form.
3	Life Insurance Notice of Continuation of Coverage Form	Although not covered by the SLIP program for payment of premiums, retirees may elect to port or convert their group life insurance coverage. Retiree completes and sends form to the insurance carrier.
4	RIC Account Form	Used to increase deductions for the final pay warrant or earlier if desired by the retiree. Send RIC Account Form directly to the RIC team as noted on the form.
5	Deferred Compensation 3 Year Catch-Up Worksheet.	Calculation worksheet necessary to establish eligibility to contribute beyond the normal limit deductibility requirements.
	Federal Form W-4	Completed by employee and retained in department. This federal tax form may be used to change the number of exemptions for federal withholding for the retiree's last payroll warrant.
7	Form IA W-4	Completed by employee and retained in department. This state tax form may be used to change the number of exemptions for state withholding for the retiree's last payroll warrant.
8	Application for IPERS Retirement	Completed and forwarded to IPERS for retirement processing.

<b>SICK LEAVE INSURANCE PROGRAM QUESTIONS - POINTS OF CONTACT BY TOPIC</b>		
Topic	Point of Contact Name	Contact Information
General SLIP Questions from Employees	Department Human Resources Assistant/Personnel Assistant, assigned Personnel Officer	<a href="#">Click here</a> for additional information, forms and reference links or you may call (515) 281-6124
IPERS	IPERS CALL CENTER	<a href="https://www.ipers.org/">https://www.ipers.org/</a> Phone 1-800-622-3849
Health Insurance Dental Insurance	DAS, Human Resources Enterprise	Phone 515-281-6124 FAX 515-242-6450
Life Insurance	Sheryl Jensen DAS, Human Resources Enterprise	Phone 515-281-8866 FAX 515-242-6450 Email <a href="mailto:sheryl.jensen@iowa.gov">sheryl.jensen@iowa.gov</a>
Deferred Compensation	Robbie Stoecker DAS, Human Resources Enterprise	Phone 515-242-6846 FAX 515-281-5102 Email <a href="mailto:robbie.stoecker@iowa.gov">robbie.stoecker@iowa.gov</a>
Tax Issues	Michelle Wendel DAS, State Accounting Enterprise	Phone 515-281-3976 FAX 515-281-5277 Email <a href="mailto:michelle.wendel@iowa.gov">michelle.wendel@iowa.gov</a>
Insurance Billing Process	Barb McNulty DAS, State Accounting Enterprise	Phone 515-281-3714 FAX 515-281-5255 Email <a href="mailto:barb.mculty@iowa.gov">barb.mculty@iowa.gov</a>
Healthy Opportunities Program for Executive Branch Non Contract Retirees	Amy Liechti DAS, Human Resources Enterprise	Phone 515-725-1232 FAX 515-242-6450 Email <a href="mailto:amy.liechti@iowa.gov">amy.liechti@iowa.gov</a>

**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX F**

## **Sick Leave Insurance Program (SLIP) Information & FAQs**

This program is an opportunity for state employees who are eligible for an Iowa Public Employee Retirement System (IPERS) bona fide retirement to use all or part of their unused sick leave balance to pay the employer share of their health insurance premiums after they retire or until such time as they meet one of the ineligibility reasons, as listed below:

- The retiree returns to permanent state employment
- The retiree turns 65 years of age (Medicare bridge program)
- The retiree exhausts their SLIP balance
- The retiree becomes deceased
- The retiree terminates insurance benefits with the State's group health insurance program
- The retiree fails to pay any employee share due

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### **Frequently Asked Questions**

**Q1: How do I make an address change?**

A1: Click here to make a "[Change of Address](#)". This form may be sent electronically or printed and mailed to the contact information listed below: Please note this form will not change your address with Wellmark or IPERS. They will need to be contacted directly.

Iowa Department of Administrative Services, State Accounting Enterprise  
Attn: Barbara McNulty, Centralized Payroll  
Hoover State Office Building, 3rd Floor  
1305 E. Walnut  
Des Moines, Iowa 50319

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**Q2: Who do I contact if I have questions about my SLIP account?**

A2: For questions regarding your SLIP account, please contact [Barbara McNulty](#), Department of Administrative Services, State Accounting Enterprise at (515) 281-3714.

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**Q3: Will I receive notification from someone when I am close to exhausting the funds in my SLIP account?**

A3: Yes, the Department of Administrative Services, State Accounting Enterprise will monitor the SLIP balances and will send out notices to retirees when they are within 60 to 90 days of exhausting their SLIP balance.

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**Q4: If I was paying an employee share for a family plan when I was an active employee, who pays the employee/retiree share now that I am retired?**

A4: Employees who retired before January 1, 2014 are still responsible for the employee share of the family health insurance premium if any. Non-contract employees retiring after January 1, 2014 will be required to pay 20% of their single or family premiums. Retirees will be billed directly by the health insurance company for their portion of the health insurance premium.

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**Q5: Which State agency is responsible for making monthly premium payments to my insurance company?**

A5: The Iowa Department of Administrative Services, State Accounting Enterprise is the State agency that is responsible for making the payment of the health insurance premium to the health insurance companies. The retiree's former department is charged for these costs.

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**Q6: Who do I contact if I have questions about my health insurance coverage?**

A6: For questions regarding your health insurance coverage, please contact: Department of Administrative Services, Human Resources Enterprise, Group Insurance at (515) 281-6124.

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**SICK LEAVE INSURANCE PROGRAM (SLIP)  
DOCUMENT PROCESSING  
APPENDIX F**

**Q7: Who do I notify if I need to make changes to my policy or individuals covered by my policy?**

A7: To make changes on your plan coverage, such as adding a dependent or deleting a dependent, contact: Department of Administrative Services, Human Resources Enterprise, Group Insurance at (515) 281-6124.

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**Q8: Who do I contact if my spouse is or becomes Medicare eligible?**

A8: If your spouse is or becomes Medicare eligible it is very important to contact the Department of Administrative Services, Human Resources Enterprise, Group Insurance because the monthly health insurance premium amount that is charged is lower due to the Medicare coverage. Please contact: Department of Administrative Services, Human Resources Enterprise, Group Insurance at (515) 281-6124.

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**Q9: Who do I contact if my spouse has Medicare and also has the Wellmark offered Medicare Part D insurance plan Med Blue RX?**

A9: Please notify the Department of Administrative Services, Human Resources Enterprise if you have chosen a Wellmark insurance plan other than Deductible 3 Plus, have a spouse that is covered by Medicare, and that spouse has the Wellmark offered Medicare Part D insurance plan Med Blue RX. The monthly premium that is charged is lower for all Wellmark plans, excluding Deductible 3 Plus, due to the additional coverage of Med Blue RX for which the retiree is paying. Please contact: Department of Administrative Services, Human Resources Enterprise, Group Insurance at (515) 281-6124.

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**Q10: Can I return to work after I retire and still continue to receive benefits of the SLIP program?**

A10: Before returning to state employment, or any IPERS-covered employer, please contact IPERS at (515) 281-0020 (8:00 am-4:30 pm) or 1-800-622-3849 (7:30 am-5:00 pm) to make sure you will not be jeopardizing your bona fide IPERS retirement. And remember, one of the terms of the SLIP benefit program is that you will forfeit your remaining benefits if you return to permanent State employment.

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**Q11: What is the definition of a bona fide IPERS retirement?**

A11: To have a bona fide retirement, you must meet all of the following conditions. You must:

- Apply for and begin receiving monthly benefit payments
  - Terminate employment with all IPERS covered employers, including non-covered service with covered employers
  - Remain unemployed with all IPERS covered employers for one month, and not work in covered employment for three additional months.
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If you have additional questions about the SLIP program, [click here for more information](#).

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**For questions regarding your Iowa Public Employee Retirement System (IPERS) retirement, contact IPERS directly at (515) 281-0020 (8:00 am - 4:30 pm) or 1-800-622-3849 (7:30 am - 5:00 pm).**

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