



"The Strength Behind The Badge"®

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



DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

RETIREMENT APPLICATION AND INFORMATION

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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 meets one of the eligibility requirements below. The benefit is calculated as follows: \$200 for each complete year of continuous membership up to 30 years and \$400 for each complete year after that. (Detentions/Court Services start accruing complete years as of 1/1/01 and former Marshals start accruing after 1/1/00). You must have at least 10 years of continuous membership with the Deputy Sheriffs' Association.

Eligibility requirements:

- Any age with 20 or more years of DSA membership
- Age 50 or older with 10 or more years of DSA membership
- Medical retirement

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

To make sure that 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 \$21.68 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 \$21.68 per month. This is available through payroll 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 \$7.70 per month for those under 70. The cost for those over 70 will be \$4.32 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 through United's subsidiary – Pacificare. Eye Insurance is offered through Spectra Vision Plan. 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 above application or go to the DSASD.ORG web site.

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 and Nationwide/Provident Mutual life 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 monthly to your home. To be assured of receiving 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 and discount tickets to Disneyland, San Diego Zoo, Wild Animal Park, Universal Studios, Legoland and SeaWorld.

DSA BYLAW 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 continuous membership to be eligible for retirement benefits, unless retirement is a result of illness or injury, regardless of whether service or non-service related.

Primary benefit amount calculation: Members will receive a sum amounting to \$200 for each full year of class 1 membership, as of the date said retirement is granted, up to and including 30 years. For each full year of service after 30 years, the benefit amount will be \$400 per full year of class 1 membership.

Limitation of retirement benefit amount: There is a limitation of benefits if, in the prior calendar year, both of the following conditions exist:

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%.

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.

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)

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)

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)

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)



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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) \$25.00 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 if you would like information sent to you regarding one of these benefits:										
Dental <input type="checkbox"/>		Vision <input type="checkbox"/>		AFLAC <input type="checkbox"/>		Nationwide/Provident Mutual Life <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

SDCERA paperwork	<input type="checkbox"/>	DSA Benefit
Formal Marshal	<input type="checkbox"/>	Total Years Membership:
Detentions Deputy prior to 1/1/2001	<input type="checkbox"/>	Total Retirement Benefit:
Membership Card	<input type="checkbox"/>	Retired member dues:
Check Number:		
Check Date:		
		Net Benefit Due:



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.

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT



[Name]
[Rank]

[left line 1]
[left line 2]

[right line 1]
[right line 2]

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT



[Name]
[Rank]

[left line 1]
[left line 2]
[left line 3*]

[right line 1]
[right line 2]
[right line 3*]

Please print clearly. Information on card will appear exactly as written below.

NAME: _____

RANK (i.e. Retired Deputy; Retired Sergeant; or Sergeant, Retired) _____

LEFT LINE 1: _____

LEFT LINE 2: _____

LEFT LINE 3*: _____

Quantity (We recommend 100)
 50 (\$10) 250 (\$35)
 100 (\$15) 500 (\$45)

RIGHT LINE 1: _____

RIGHT LINE 2: _____

RIGHT LINE 3*: _____

Home delivery (Please add a **\$5 S/H** charge to order)
 Pick-up at DSA office

*Line 3 is an optional line available on one or both sides. Text may be slightly smaller in order to fit all three lines.

Delivery address if different from above:

Total Enclosed
Cards: \$ _____
S/H: \$ _____
Total: \$ _____

Check Cash Amex Visa Mastercard Discover

Credit Card Number: _____ Exp: _____

Signature: _____ Date: _____

Business Cards will be printed four times a year. April, June, September, and December. Orders are due before the first of the month to be printed.

Please complete, sign, and mail. Please include Credit Card Number or Check for the correct amount to:

DSA-BUSINESS CARDS
13881 DANIELSON ST
POWAY, CA 92064

FOR OFFICE USE ONLY
AMOUNT PAID: _____
 CHECK CASH CREDIT CARD
FORM REC'D BY: _____ DATE: _____
FILED: _____ PRINTED: _____

LONG TERM CARE PRE-RETIREMENT INFORMATION

To all DSA Members:

Each year seems to bring another round of many department retirements. I wanted to remind everyone about an additional benefit plan provided by CLEA that can be purchased now and taken into retirement. It is the CLEA Long Term Care (LTC) Plan. This comprehensive LTC Plan is only available to active members and spouses. Additionally, you must be under 61 years of age and enroll in the plan within one year after you retire.

The LTC Plan is the next logical step for protecting your retirement pension, deferred compensation and other personal assets in case you are ever in a position where you or your spouse requires Nursing Home Care, Residential Care, Home Care, etc.

CLEA developed its LTC Plan to be highly comprehensive in benefits and very low in premium. It is truly the best value for your premium dollars and thousands of fellow law enforcement members and spouses have all ready enrolled.

Here are a few highlights of the LTC Plan.

1. You may choose either \$130.00 or \$150.00 per day benefit plans. Coverage includes Nursing Home Care, Convalescent Care, Alzheimers Care, Residential Care, Home Care, and many other benefits. Both Plans are increased by 5% per year, compounded annually for your lifetime.
2. There is a twenty-year paid up plan option available. This option provides that after twenty years of premium payments, you never pay another dime and you are covered for the rest of your life. This benefit is not available with the PERS LTC Plan.
3. The Plan offers you numerous premium options including DSA payroll deduction for member and spouse.
4. If you chose to pay your twenty-year premium all at once (lump sum) during the first year, you will receive a 30% discount. Thereafter, your remaining lump sum discount is reduced by 2% per year.

This is not a group plan and not every one will medically qualify for the plan. Just like when applying for individual life insurance, each applicant has to be underwritten and medically approved.

If you qualify for the LTC Plan, both Preferred and Standard members pay the same premium based upon your age. The only difference between the two is the elimination period before a claim begins to be paid. The Preferred member has a sixty-day elimination period and the Standard member has a ninety-day elimination period.

The premiums for the LTC Plan are based upon your age. The younger you are the less you will pay. (See attached premium sheet.)

Mike Nadeau, a retired Special Agent from DOJ, is our local representative and is able to answer questions and enroll you in the Plan. Please call him for information at the following telephone number: 858-571-7098.

Yours truly,

Roger Mathias

Comprehensive Life Time Plan

Comprehensive Life Time Plan						
	<u>130 PLAN</u> 100% - \$130/day Nursing Home Care 70% - \$91/day Residential Care 50% - \$65/day Home Health Care Annual 5% Inflation Protection \$5,000 Death Benefit to age 70 100% Refund of Payment Option 20 Year Paid-Up Plan			<u>150 PLAN</u> 100% - \$150/day Nursing Home Care 70% - \$105/day Residential Care 50% - \$75/day Home Health Care Annual 5% Inflation Protection \$5,000 Death Benefit to age 70 100% Refund of Payment Option 20 Year Paid-Up Plan		
Age at Application	Monthly Payment	Total 20 Year Payments	Single Payment (30% discount) *	Monthly Payment	Total 20 Year Payments	Single Payment (30% discount) *
21	\$18	\$4,320	\$3,024	\$22	\$5,280	\$3,696
22	18	4,320	3,024	22	5,280	3,696
23	18	4,320	3,024	22	5,280	3,696
24	18	4,320	3,024	22	5,280	3,696
25	18	4,320	3,024	22	5,280	3,696
26	18	4,320	3,024	22	5,280	3,696
27	19	4,560	3,192	23	5,520	3,864
28	19	4,560	3,192	23	5,520	3,864
29	20	4,800	3,360	24	5,760	4,032
30	20	4,800	3,360	24	5,760	4,032
31	22	5,280	3,696	27	6,480	4,536
32	23	5,520	3,864	28	6,720	4,704
33	24	5,760	4,032	29	6,960	4,872
34	24	5,760	4,032	29	6,960	4,872
35	25	6,000	4,200	30	7,200	5,040
36	27	6,480	4,536	33	7,920	5,544
37	28	6,720	4,704	34	8,160	5,712
38	29	6,960	4,872	35	8,400	5,880
39	30	7,200	5,040	36	8,640	6,048
40	30	7,200	5,040	36	8,640	6,048
41	33	7,920	5,544	40	9,600	6,720
42	35	8,400	5,880	42	10,080	7,056
43	37	8,880	6,216	45	10,800	7,560
44	39	9,360	6,552	47	11,280	7,896
45	40	9,600	6,720	48	11,520	8,064
46	42	10,080	7,056	51	12,240	8,568
47	44	10,560	7,392	53	12,720	8,904
48	46	11,040	7,728	56	13,440	9,408
49	48	11,520	8,064	58	13,920	9,744
50	50	12,000	8,400	60	14,400	10,080
51	53	12,720	8,904	64	15,360	10,752
52	57	13,680	9,576	68	16,320	11,424
53	59	14,160	9,912	71	17,040	11,928
54	63	15,120	10,584	76	18,240	12,768
55	65	15,600	10,920	78	18,720	13,104
56	69	16,560	11,592	83	19,920	13,944
57	74	17,760	12,432	89	21,360	14,952
58	79	18,960	13,272	95	22,800	15,960
59	83	19,920	13,944	100	24,000	16,800
60	89	21,360	14,952	107	25,680	17,976

* **30% Discount is calculated on balance due**
Illustration only. Refer to Plan documents for specific details. CA Lic. #0544968

Retired Associate Member

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____

Social Security Number: _____

Association Retired From: _____

(No Initials Please)

Retirement Date: _____

Type of Retirement? _____

(Service, Disability (IDR), or Deferred)

Did you transfer from another agency? _____

If yes, which agency: _____

PORAC # if Known: _____

Comments: _____

Dues: \$24 per year.

(Depending on your join date; the first year's dues will be prorated on a monthly basis.)

There is no need to send in your dues with this application. Once we have determined your eligibility, we will process and invoice you at the address above on a prorated basis for the first year of membership. If approved, your continued membership will be invoiced annually in December for the following year.

You may begin your process by completing this form and mailing to PORAC Headquarters, 4010 Truxel Rd., Sacramento, CA 95834, or contacting us via our web-site, www.porac.org, and completing the application located on the home page "Retired Associate Membership". If applying online, you may pay by credit card; VISA/Master Card or opt for CalPERS Auto deduction or to be invoiced. Contact PORAC Membership Services with questions; e-mail membership@porac.org or 916-928-3777.

The information requested in this process will be held at the highest level of confidentiality, and is used for verification of identification and insurance purposes. Your confirmation can take up to 30 business days. Thank you.