

**Florida Retirement System (FRS)**  
**Health Insurance Subsidy Certification for Investment Plan Retirees**



P O Box 9000  
Tallahassee FL 32315-9000  
(850) 488-6491 Toll Free (888) 738-2252  
Fax(850) 410-2195

**THIS FORM MUST BE COMPLETED AFTER YOUR TERMINATION DATE AND RETIREMENT.**

|  |   |
|--|---|
| Member Name _____                          | Member SSN _____                          |
| Applicant Name _____<br>If different _____ | Applicant SSN _____<br>If different _____ |
| Mailing address _____<br>_____<br>_____    | Home Phone _____<br>Daytime Phone _____   |

**Complete the section below, which will provide the earliest insurance policy date.**

|  |      |                 |         |
|--|------|-----------------|---------|
| <b>SECTION A: Former (non-state) employer or People First Service Center (1-866-663-4735) for state agencies</b>                   |      |                 |         |
| (    ) This is to certify that _____ has health insurance coverage effective<br>_____ and is currently covered through our agency. |      |                 |         |
| Signature: FRS Agency Representative<br>or People First Representative   | Date | FRS Agency Name | Phone # |

|   |      |                 |         |
|---|------|-----------------|---------|
| <b>SECTION B: Insurance Company</b>   |      |                 |         |
| (    ) This is to certify that _____ has health insurance coverage with<br>_____. The effective policy date was _____<br>(Company Name) |      |                 |         |
| Company Representative Signature  | Date | Company Address | Phone # |

|   |  |
|---|--|
| <b>SECTION C: MEDICARE or Military Insurance</b>  | <b>ATTACH COPY OF CARD HERE (MEDICARE OR MILITARY ID/TRICARE CARD)</b> |
| (    ) I have attached either a MEDICARE or military ID/TRICARE card.<br><br><b>PLEASE DO NOT SEND YOUR ORIGINAL CARD. It will not be returned</b>                |  |
| NOTE: We will use your Medicare effective date to determine your HIS effective date. Your HIS effective date cannot be earlier than your Medicare effective date. |  |