



ACCELERATED SEPARATION PROGRAM APPLICATION

Applicant Information

Instructions: Complete all required fields, sign, and date. Submit directly to the Human Resources Department or by email to Benefits@anaheim.net. Envelopes containing applications must be clearly labeled "Accelerated Separation Program" to ensure timely processing. Final deadline for submission is 5:00 pm on September 30, 2020 or earlier if program is closed by order of the City Manager. Incomplete and/or late applications may be rejected without right to appeal.

Employee Name: _____ Employee ID.#: _____

Job Title: _____ Department: _____

Election

I hereby apply for the City of Anaheim Accelerated Separation Program and elect the following option (*must select one (1) option*):

Option A1: CalPERS Retirement Eligible & Completed Five Consecutive Years of City Service (\$25,000 lump sum / 12 months extended participation in active medical and dental plans)

- Cash payment of 25% of base salary up to a maximum of \$25,000, subject to federal and state tax withholdings. I understand that such amount shall not be reportable to CalPERS as total compensation earnable and shall not increase my retirement benefit.
- Continued participation in the active employee medical and dental plans and tiers of coverage (Single, Two-Party, Family) equivalent to the plans and tiers of coverage that I am enrolled in at the time of my separation with the following terms:
 - I will be eligible for City contributions to such plans and tiers of coverage equal to those I would have been eligible for if I remained as an active employee.
 - My eligibility for such City contributions shall continue for a period of twelve (12) months following my separation. This eligibility shall end on the last day of the month during which the twelve month period ends.
 - During the twelve (12) month eligibility period
 - the tier of coverage I am enrolled in may be changed if a covered dependent becomes ineligible or if I voluntarily reduce the number of covered dependents; and
 - I am eligible to make changes to lesser cost medical and dental plans during open enrollment.
 - My right to participate in and receive City contributions towards retiree medical and dental insurance after the first twelve (12) month eligibility period following separation will be in accordance with the applicable Memorandum of Understanding or Personnel Rules.
 - I understand that if I am not currently enrolled in City sponsored medical or dental coverage, I shall not be eligible for this benefit or any equivalent benefit.

Option A2: CalPERS Retirement Eligible & Completed Five Consecutive Years of City Service (\$15,000 lump sum/ 24 months extended participation in active medical and dental plans)

- Cash payment of 25% of base salary up to a maximum of \$15,000, subject to federal and state tax withholdings. I understand that such amount shall not be reportable to CalPERS as total compensation earnable and shall not increase my retirement benefit.
- Continued participation in the active employee medical and dental plans and tiers of coverage (Single, Two-Party, Family) equivalent to the plans and tiers of coverage that I am enrolled in at the time of my separation with the following terms:
 - I will be eligible for City contributions to such plans and tiers of coverage equal to those I would have been eligible for if I remained as an active employee.
 - My eligibility for such City contributions shall continue for a period of twenty-four (24) months following my separation. This eligibility shall end on the last day of the month during which the twelve month period ends.
 - During the twenty-four (24) month eligibility period
 - the tier of coverage I am enrolled in may be changed if a covered dependent becomes ineligible or if I voluntarily reduce the number of covered dependents; and
 - I am eligible to make changes to lesser cost medical and dental plans during open enrollment.
 - My right to participate in and receive City contributions towards retiree medical and dental insurance after the first twenty-four (24) month eligibility period following separation will be in accordance with the applicable Memorandum of Understanding or Personnel Rules.
 - I understand that if I am not currently enrolled in City sponsored medical or dental coverage, I shall not be eligible for this benefit or any equivalent benefit.

Option B: Retirement Ineligible - 20 Years of City Service (\$15,000 lump sum / COBRA coverage with City contribution for 12 months)

- Cash payment of \$15,000, subject to federal and state tax withholdings. I understand that such amount shall not be reportable to CalPERS as total compensation earnable and shall not increase my retirement benefit.
- COBRA coverage in the active employee medical and dental plans and tiers of coverage (Single, Two-Party, Family) equivalent to the plans and tiers of coverage that I am enrolled in at the time of my separation with the following terms:
 - I will be eligible for City contributions to such plans and tiers of coverage equal to those I would have been eligible for if I remained as an active employee.
 - My eligibility for such City contributions shall continue for a period of twelve (12) months following my separation. This eligibility shall end on the last day of the month during which the twelve month period ends.
 - During the twelve (12) month eligibility period

- the tier of coverage I am enrolled in may be changed if a covered dependent becomes ineligible or if I voluntarily reduce the number of covered dependents; and
- I am eligible to make changes to lesser cost medical and dental plans during open enrollment.
- I understand that my right to participate in any form of City sponsored coverage beyond the twelve (12) month period shall be subject to applicable law. My eligibility for City contributions shall cease following the twelve (12) month eligibility period.
- I understand that if I am not currently enrolled in City sponsored medical or dental coverage, I shall not be eligible for this benefit or any equivalent benefit.

Option C: Retirement Ineligible – Less than 20 Years of City Service & Completed Initial Probationary Period (\$10,000 lump sum / COBRA coverage with City contribution for 12 months)

- Cash payment of \$10,000, subject to federal and state tax withholdings. I understand that such amount shall not be reportable to CalPERS as total compensation earnable and shall not increase my retirement benefit.
- COBRA coverage in the active employee medical and dental plans and tiers of coverage (Single, Two-Party, Family) equivalent to the plans and tiers of coverage that I am enrolled in at the time of my separation with the following terms:
 - I will be eligible for City contributions to such plans and tiers of coverage equal to those I would have been eligible for if I remained as an active employee.
 - My eligibility for such City contributions shall continue for a period of twelve (12) months following my separation. This eligibility shall end on the last day of the month during which the twelve month period ends.
 - During the twelve (12) month eligibility period
 - the tier of coverage I am enrolled in may be changed if a covered dependent becomes ineligible or if I voluntarily reduce the number of covered dependents; and
 - I am eligible to make changes to lesser cost medical and dental plans during open enrollment.
 - I understand that my right to participate in any form of City sponsored coverage beyond the twelve (12) month period shall be subject to applicable law. My eligibility for City contributions shall cease following the twelve (12) month eligibility period.
 - I understand that if I am not currently enrolled in City sponsored medical or dental coverage, I shall not be eligible for this benefit or any equivalent benefit.

Employee Signature

By signing this document, I hereby acknowledge that I have read through the options available, understand the Accelerated Separation Program, in its entirety, and agree to the parameters of the program if accepted into it.

I acknowledge that my application for the Accelerated Separation Program is subject to the review and approval by the City and determination by the City to deny my application is not subject to appeal. I acknowledge that upon notification of acceptance of my Accelerated Separation Program application, I must sign the attached required separation agreement and fulfill all requirements under the agreement, including separation from the City no later than the required separation date, to be eligible for the benefits of the program.

I request that the City consider my employment milestone date (*date of hire or birthdate*) of _____ in determining my separation date. I acknowledge that the City is not obligated to make its decision on my separation date based on this request.

Signature: _____ Date: _____

HR Use Only

HR Position Control Number: _____ Date Received: _____