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The Retirement Board
of the
Policemen's Annuity and Benefit Fund of Chicago

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Address Communications
to the Retirement Board

Outside Chicago: 1-800-656-6606

**You Are Receiving This Notice
Because We Need Information from You
To Determine Your Eligibility for the Statutory Health Insurance Premium
Subsidy for Periods after December 31, 2016**

August 19, 2019

Dear Annuitant:

As you may recall, certain named plaintiffs filed a lawsuit in 2013 against the City and the four City of Chicago Annuity and Benefit funds, claiming a right to lifetime subsidized healthcare coverage (*Underwood, et al., v. City of Chicago, et al.*, 13 CH 17450, referred to throughout this correspondence as the “*Underwood* Litigation”). Although the *Underwood* litigation is ongoing, the Circuit Court recently ordered that all eligible City of Chicago employee annuitants (both current and future employee annuitants, but not spousal or child annuitants) of the Policemen’s Annuity and Benefit Fund of Chicago (the “Fund”) are entitled to receive a health insurance premium subsidy of \$55 per month from the Fund if the annuitant is not qualified to receive Medicare benefits or \$21 per month from the Fund if the annuitant is qualified to receive Medicare benefits, representing a partial reimbursement for healthcare costs, for each month after December 31, 2016 in which they meet the following eligibility requirements:

1. Annuitant must have retired on or after August 23, 1989;
 2. Annuitant must have been hired prior to April 4, 2003; and
 3. Annuitant must have either:
 - a. participated in a group healthcare plan for which the Fund offers to deduct health insurance premiums from monthly annuities in accordance with the 1983 and 1985 amendments to the Illinois Pension Code Statutes (currently either the Blue Cross/Blue Shield plans sponsored by the City of Chicago; the Aetna plans sponsored by the Labor Benefits Association; or the United American Insurance Co. plans sponsored by the Chicago Police Sergeants’ Association);
- OR**
- b. for the period between January 1, 2017 and December 31, 2019, participated in any health insurance plan and paid their healthcare insurance coverage themselves, either through an account on which the annuitant is named or an account established for the benefit of the annuitant.

The Fund's records indicate that you met eligibility *Requirements 1 through 2* listed above for all or a portion of the time since January 1, 2017. In order for the Fund to determine your eligibility for the subsidy, you must also satisfy *Requirement 3* listed above, by completing and returning the attached Health Insurance Subsidy Eligibility Form.

The Fund will be paying subsidies for the partial reimbursement of healthcare premiums you paid through December 31, 2019 in two installments:

Installment #1: Subsidy Eligibility for 1/1/2017 – 12/31/2018

To receive Installment #1, you must verify by December 31, 2019, that you were covered under a health insurance plan between January 1, 2017 and December 31, 2018, and that you, either through an account on which you are named or an account established for your benefit, paid for such coverage. Following the Fund's receipt and acceptance of a completed Health Insurance Subsidy Eligibility Form and sworn statement ("Form", copy attached to this letter), it is anticipated the Fund will pay to you Installment #1, all subsidy amounts owed to you for the period January 1, 2017 through December 31, 2018, within 90 days thereafter. **Please complete and return the attached Form in the enclosed envelope to the Fund's office at: 221 North LaSalle Street, Suite 1626, Chicago, Illinois 60601. The Fund will be unable to process your subsidy payment until it has received and accepted the completed Form including your signed sworn statement.**

Installment #2: Subsidy Eligibility for 1/1/2019 – 12/31/2019

To determine your eligibility for Installment #2, subsidy amounts for the period between January 1, 2019 and December 31, 2019, the Fund will be mailing you a Form in January 2020 for you to complete and submit.

Declining Subsidy:

If you do not return a completed Form by **December 31, 2020**, the Fund will assume that you have declined the health insurance subsidy.

NOTE: Payment & Income Tax Reporting. If, in addition to your sworn statement for Installment #1 and Installment #2, you also submit documents showing (1) proof of enrollment in a health insurance plan (including Medicare)¹ and (2) evidence of payment, such as copies of checks or bank statements, the Fund will not report the subsidy payment as taxable income to the IRS. **If you do not provide this additional documentation, you will still receive the subsidy payment if the Fund receives and accepts a completed Form and sworn statement, but the Fund will report the subsidy payment as taxable income to the IRS.** Please consult with your tax advisor regarding potential tax or other consequences relating to the receipt of any healthcare premium subsidy payments, particularly if you are receiving government subsidies for healthcare coverage, such as under the Affordable Care Act, or if you participate in an employer-sponsored plan in which premiums are paid pre-tax.

¹ If you are covered by both Medicare and a supplemental Medicare plan during the applicable periods, you may submit proof of payment concerning just one plan for such periods.

Subsidy Eligibility After 12/31/2019

Under current law, in order to be eligible for the subsidy beginning January 1, 2020, you will have to satisfy *Requirement 3.a.* above, meaning you have to participate in a group health insurance plan for which the Fund offers to deduct premiums from your annuity, in accordance with the 1983 and 1985 amendments to the Illinois Pension Code statutes.

Attorneys' Fees: Please note that Plaintiffs' counsel KrislovLaw has asked the Circuit Court to award attorneys' fees from the 2017-2019 subsidies, so the actual amounts paid to eligible annuitants may be reduced by attorneys' fees, if approved by the Circuit Court.

Questions: If you have any questions about the contents of this letter or the attached Form, please contact the Fund's office at hcsubsidy@chipabf.org or 312-744-3891. The Circuit Court also directed us to notify you that you may contact Counsel for the named Plaintiffs in the *Underwood* litigation, KrislovLaw, at Help@krislovlaw.com or 312-606-0500.

Sincerely,

A handwritten signature in dark ink, appearing to read "Erin Keane". The signature is fluid and cursive, with the first name "Erin" and last name "Keane" clearly distinguishable.

Erin Keane
Executive Director

[SEE ATTACHED FORM]

[Form to be completed by Fund Employee Annuitant and Returned in Enclosed Envelope]

Member Number/ Last 4 Digits of SSN: _____

Medicare Status:

Were you Medicare qualified at any time during the period January 1, 2017 to December 31, 2018:

☐ Yes ☐ No

If "Yes," I qualified for Medicare coverage:

☐ For the entire period <or> ☐ Since [date]: ____/____/____
By: ☐ Employment Quarters <or> ☐ Purchase of Medicare <or> ☐ Spouse

2017 and 2018 Healthcare Coverage Details:

Please list healthcare coverage details for all periods between January 1, 2017 and December 31, 2018 where: (1) you, the above-named Fund member, were covered by a health insurance plan, including Medicare, and (2) you, the above-named member, either through an account on which you are named or an account established for your benefit, paid a monthly premium for the coverage during this period.

Coverage Start Date:	Coverage End Date:	Insurance Carrier:	Policy #:	Monthly Premium Paid Amount:	Employer Sponsored Plan (Yes or No):

If you wish the subsidy to be treated as a non-taxable reimbursement of healthcare costs, please provide proof of payment and coverage for each period listed above to have your subsidy payment considered non-taxable. However, please note that if the healthcare plan you are participating in is an employer-sponsored plan in which premiums are paid pre-tax, the Fund will issue you a Form 1099 for the subsidy amount.

You should consult your tax advisor with any questions about tax issues related to these health insurance premium subsidies.

I, the above-named member of the Policemen's Annuity and Benefit Fund of Chicago, certify that the foregoing information is true, to the best of my knowledge and understanding, and will, if requested, cooperate in providing reasonable information supporting the foregoing facts.

Signature

Date

Please note that any person who knowingly makes any false statement to the Fund may be found guilty of a Class 3 felony pursuant to Section 1-135 of the Illinois Pension Code (40 ILCS 5/1-135).

