



**GREATER NAPLES FIRE RESCUE DISTRICT
BOARD OF FIRE COMMISSIONERS
Action Item Worksheet**

NEW BUSINESS

Agenda Item: III. D.
Subject: Retiree Group Coverage Policy Revision
Meeting Date: September 10, 2026
Prepared By: Michelle Ughi, HR Director

Background

The District Retiree Health Coverage Policy (renamed the Retiree Group Coverage Policy) has been revised to comply with Florida Statute. The policy has also been amended to address dental coverage for eligible retirees.

Funding Source/Financial Impact

N/A

Recommendation

Staff recommends approval of the revised Retiree Group Coverage Policy as presented.

Potential Motion

I move to approve the revised Retiree Group Coverage Policy, effective immediately.

Attachment

1) Revised Retiree Group Coverage Policy Draft

Legal Review

This AIW and its contents have been reviewed by legal counsel for sufficiency.

- ☒ Approved
☐ Not Approved
☐ Not Applicable

Comments (if any):

Reviewed by: Laura Donaldson

Date: September 2, 2026

	GREATER NAPLES FIRE RESCUE DISTRICT POLICY	
	Policy# 615 RETIREE ~~HEALTH~~<u>GROUP</u> COVERAGE	
Section:	Page(s): 3	
Approved Date: December 11, 2024	Revised:	

Purpose:

The purpose of this policy is to provide ~~a post-retirement group health insurance benefit option for eligible-qualified~~ retirees of the Greater Naples Fire Rescue District (~~GNFDDistrict~~), and ~~their eligible dependents, the option to continue participation in the District's group health and dental plans following retirement, in accordance with Florida State Statute 112.0801, Florida Statutes.-.~~

Definitions:

Retirement ~~D~~ate: ~~The retiree's shall be defined as the retiree's~~ termination of employment date. For ~~the purposes of this policy,~~ participants of DROP, ~~the -will reach their~~ retirement date is the date upon termination of employment with the District ends.

Eligible Dependent: A dependent of the retiree who meets the eligibility requirements of the applicable District health or dental plan.

Policy:

Qualified retirees ~~can may elect -enroll in~~ post-retirement ~~group~~ health ~~and/or dental coverage insurance if they meet eligibility requirements and pay premiums on time~~ in accordance with this policy.

A. Benefit Plan Design

~~The Retiree Health Coverage plan is designed to provide retirees with health and prescription coverage.~~ The Retiree Health Group Coverage Summary (Attachment A) provides ~~an~~ high-level overview of the current ~~benefit plan options design~~ and premiums.

- ~~1. Enrollment is limited to employee-only coverage; spouse and dependent coverage is not available through this program. Eligible retirees may elect health and/or dental coverage for themselves and their eligible dependents.~~
- ~~1.2.~~ Coverage is subject to the eligibility requirements, terms, and conditions of the applicable health or dental plan.
- ~~2.3.~~ The District does not contribute toward coverage under this program, including Health Reimbursement Account (HRA) contributions. is not included in this program.
- ~~3. The retiree health plan qualifies as employer-sponsored under the Florida Firefighter Cancer Insurance Line of Duty Cancer Benefit.~~

~~4. Retirees may participate for up to ten (10) years following their retirement date but not past their Medicare eligibility date (typically age 65).~~

~~5.4. Participation is voluntary and can be canceled by the retiree at any time.~~

B. Eligibility

To qualify ~~for post-retirement group health insurance~~, ~~an~~ employees must: ~~meet all the following eligibility requirements:~~

~~1. Reached or exceeds their Normal Retirement Date, as defined by the employee's retirement program enrolled on the date of their at the time of retirement.~~

~~2. Have been an employee of GNFD for a minimum of five (5) full years prior to retirement.~~

~~3. Notified human resources in writing at least three (3) months before their planned retirement date.~~

~~4.2. Have participated in the GNFD health benefit plan for active employees for at least two (2) consecutive years immediately before the retirement date.~~

~~5. Be a full-time employee on the retirement date.~~

~~6.3. Submit the a completed Retiree Group Health Coverage Enrollment Form (Attachment B) to human resources before the date of retirement.~~

~~7. Must not work in the fire industry post-retirement.~~

~~8.4. Must n~~Not be covered under ~~any other another~~ health or dental plan ~~post-following~~ retirement.

C. Billing

~~GNFD does not subsidize or contribute to post-retirement group health insurance. The qualifying retiree is responsible for the total cost of the benefit coverage. Current premiums are listed in the The Retiree Health Group Coverage Summary and lists the coverage premium. Benefit premiums are subject to change, at any time and are generally adjusted annually.~~

~~The benefit p~~Premiums must be paid monthly and received no later than the 15th of the month before the coverage start of the benefit period ends. ~~Payments Monthly premiums~~ must be submitted via electronic payment made monthly.

D. Enrollment

Retirees ~~who~~ enrolling themselves and/or eligible dependents in Retiree Health Coverage must meet all eligibility requirements and submit a completed Retiree Health Group Coverage Enrollment Form to human resources before their retirement date.

Failure to enroll ~~Retirees who do not submit a completed Retiree Health Coverage Enrollment Form~~ before their retirement date will have waived coverage.

A retiree who that waives or later cancels coverage, or whose coverage terminates for nonpayment, may not participation in the post-retirement group health insurance benefit,

~~cannot re-enroll at a later date. Similarly, if a retiree chooses to drop coverage or allow payment to lapse, cannot re-enroll at a later date.~~

E. Effective Date and Termination of Coverage

The effective date of ~~retiree health~~ coverage is the first of the month following retirement.

~~F. Terminating Coverage~~

~~Eligible retirees may participate in the Retiree Health Coverage plan for a period of up to ten (10) years after retirement.~~

~~Retiree e~~Coverage ends on the last day of the month that any of the following occurs:

- the full contribution payment is not received within 15 days of the due date
- ~~retiree becomes Medicare-eligible~~
- ~~has participated in the plan for the maximum period of ten (10) years~~
- Retiree instructs human resources in writing to cancel coverage.

~~G.F.~~ Retiree Responsibility

The retiree is responsible for paying benefit premiums timely and notifying the human resources department in writing of any changes that affect communications ~~or benefit eligibility~~, including ~~but not limited to~~:

- address, email or telephone changes,
- coverage under another ~~health-benefit~~ plan,
- ~~changes to~~ bank account and/or payment method,
- ~~becomes Medicare-eligibility.~~

~~H.G.~~ ENFCRD Retiree Health Insurance Benefit (only)

The following applies to recipients of the ENFCRD Retiree Health Insurance Benefit only.

1. After their approved service credits are exhausted, the retiree ~~is eligible to may~~ transfer to the GNFD Retiree ~~Health-Group~~ Coverage plan, elect COBRA or discontinue coverage.
2. ~~To transfer to the GNFD Retiree Health Coverage plan, the~~ ~~The~~ retiree must submit a completed Retiree ~~Health Group~~ Coverage Enrollment Form to human resources before ~~all service credits are exhausted and coverage under the ENFCRD service credits are exhausted. Retiree Health Insurance Benefit has ended.~~
3. ~~Retiree that does not~~ ~~Failure to~~ submit a completed Retiree ~~Health Group~~ Coverage Enrollment Form in the time provided will ~~be considered have~~ ~~waiverd of~~ coverage.
- 3.4. ~~Failure to submit the enrollment form within the required timeframe constitutes a waiver of coverage.~~
4. ~~The retiree must not work in the fire industry post-retirement and cannot be covered under any other health plan.~~
5. ~~The combined period covered under the ENFCRD Retiree Health Insurance Benefit Plan and the GNFD Retiree Health Coverage cannot exceed ten (10) years.~~
- 6.5. The first payment is due ~~prior to the transfer of~~ ~~before~~ coverage begins.
- 7.6. All sections of the policy described herein apply.

Rights:

GNFD reserves the right to change, modify, alter, or eliminate this policy at any time.

Insurance ~~benefit~~ carriers and/or plan designs are subject to change at the full discretion of GNFD.

Attachments

Attachment A: Retiree ~~Health-Group~~ Coverage Summary

Attachment B: Retiree ~~Health Group~~ Coverage Enrollment Form