City of Omaha Special Pay Plan
Fire Bargaining Retirees

Retiree Name _____ ID Number _____ Retirement Date _____

Includable Compensation

1. What is the retiree's includable compensation for the last 12 months?

   Estimated _____ Final _____

Healthcare Checklist - Applicant can receive points for Question 1 or 2, but not both

	Score
1. Is the retiree enrolled in coverage with the Omaha Firefighter's Healthcare Trust? If so, are other family members enrolled? Please indicate all those enrolled in coverage. a. Retiree 25 b. Spouse 15 c. Dependent(s) 15 d. Waived coverage 0	
2. Is the retiree covered by military healthcare at the time of retirement? *Provide Veteran Health ID Card (VHIC) a. Yes 80 b. No 0	

Retirement Checklist

1. When the retiree's pension was calculated, what pension percentage did they receive per the CBA? a. 20-49% 20 b. 50-59% 15 c. 60-64% 10 d. 65-75% 5	
2. Did the retiree participate in the Deferred Retirement Option Plan (DROP)? a. Yes 5 b. No 15	
3. What is the amount of money in the Omaha 457b Deferred Comp plan at the time of retirement? **If the retiree is participating in both of the deferred comp programs offered by the City, both account balances will be considered** a. $0 - $30,000* 5 ☐ *Member has no City sponsored 457b account b. Between $30,001 - $60,000 10 c. Over $60,000 15	
Total Percentage Distribution between Plans Percentage to Special Pay Plan 401(a)_____ Percentage to Health Reimbursement Arrangement (HRA) _____	Total Score

100% to 401(a)	75% 401(a)/ 25% HRA	65% 401(a)/ 35% HRA	50%/50%	35% 401(a)/ 65% HRA	25% 401(a)/ 75% HRA	100% HRA
95+ points	75-94 points	50-74 points	31-49 Points	0-30 Points	NA	NA

_____ _____

On Behalf of Plan Administrator Date