



**Orange County Sheriff's Office
Health Insurance Subsidy Certification Form
for Retirees with insurance coverage
NOT administered by P & A**

Retiree SSN (last four): _____ Retiree Name: _____
(Print full legal name)
 Phone number: _____ Email: _____

OCSO Health Insurance Subsidy (HIS) payments require proof of coverage and documentation of the cost.

ATTACH COPY OF CARD HERE

If currently covered by an active Orange County Sheriff's Office spouse (see eligible types of insurance plans below) provide the:

Name of employee: _____ **EID:** _____

Eligible Types of Insurance for Documentation of the Cost

Coverage can be with any company or coverage through any employer. The employee or the employee's spouse or other family member may pay for the single or family insurance to cover the retiree. We will need something showing coverage for 2025 and how much it costs.

Check the following insurance options that you are providing proof of coverage and documentation of cost:

Health Cancer Accident Disability Dental Vision Military/Tricare Medicare

Indicate the frequency of the payment: Weekly Biweekly Monthly Annually Other _____

Total monthly cost for all eligible premiums: \$ _____

If your total OCSO HIS is greater than your insurance charge, the OCSO HIS will be capped at your total premiums.

It is your responsibility to update Benefits with any changes to your: bank account, beneficiaries, mailing address, phone number and email address.

Documentation of proof of coverage AND proof of cost must be received no later than August 31st 2025. There will be no retroactive payments.

I affirm that the information and documentation that I have provided is accurate and factual.

Signature _____ **Date** _____

Return completed form and documentation to Orange County Sheriff's Office, ATTN: Benefits, P.O. Box 1440, Orlando, FL 32802 or paperwork can be scanned to SO-Benefits@ocsofl.com.