

REVISED

Agenda Item No.

3BB-1

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: April 15, 2014

☒ Consent

☐ Regular

☐ Ordinance

☐ Public Hearing

Department:

Submitted By: Palm Beach County Sheriff's Office

Submitted For: Palm Beach County Sheriff's Office

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: A) **Accept** on behalf of the Palm Beach County Sheriff's Office, a donation through an insurance policy benefit in the amount of ~~\$12,006.83~~ and B) **Approve** a Budget Amendment of \$12,007 in the Sheriff's Grant Fund.

Summary: The Palm Beach County Sheriff's Office was designated as a beneficiary in a former employee's Great American Financial Resources 457 Fixed Annuity Policy. The donation will be transferred to the employee welfare organization 501(c)(4). There is no match requirement associated with this donation. No additional positions are needed and no County funds are required. Countywide (PGE)

Background and Justification: Great American Financial Resources provides life insurance policies for individuals. The Palm Beach County Sheriff's Office was designated as a beneficiary through a former employee's insurance policy.

Attachments:

1. Budget Amendment
2. Insurance Annuity Letter and Certification

RECOMMENDED BY:

DEPARTMENT DIRECTOR

DATE

APPROVED BY:

ASSISTANT COUNTY ADMINISTRATOR

DATE

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures	0				
Operating Costs	\$12,007				
External Revenues	(\$12,007)				
Program Income (County)					
In-Kind Match (County)	0				
Net Fiscal Impact	0				
# Additional FTE Positions (Cumulative)	0				

Is Item Included in Current Budget: YES _____ NO X

Budget Account No.: Fund 1152 Agency 160 Org 2259 Object 6600

Reporting Category _____

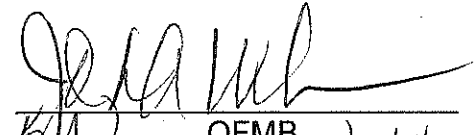
B. Recommended Sources of Funds / Summary of Fiscal Impact:

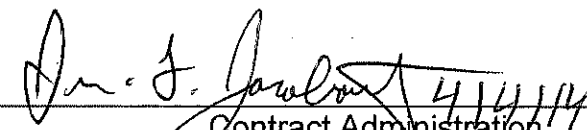
Pass-through contribution received from Great American Financial Resources. There is no match requirement associated with this award. No additional positions are needed and no County funds are required.

Pass-through funds	\$12,007
Total Program Budget	\$12,007

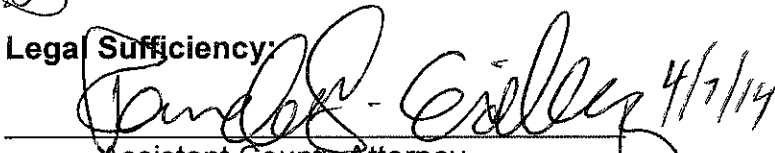
III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:


OFMB SP 4/3/14


Contract Administration 4/4/14

B. Legal Sufficiency:


Assistant County Attorney 4/7/14

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

14-0759

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

Page 1 of 1

FUND 1152 - Sheriff's Grants Fund

BGRV 160 040314-535
BGRV 160 040314-1203

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
Revenues								
Great American Financial Resources FY14								
160-2259-6600	Contribution/Donation Fr Private Sources	0	0	12,007	0	12,007		
	TOTAL REVENUES	2,442,123	4,422,018	\$12,007	\$0	4,434,025		
Expenditures								
Great American Financial Resources FY14								
160-2259-9498	Transfer to Sheriff's Fund 1902	0	0	12,007	0	12,007		
	TOTAL EXPENDITURES	2,442,123	4,422,018	\$12,007	\$0	4,434,025		

Palm Beach County Sheriff's Office

INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted

Signatures

Date

By Board of County Commissioners
At Meeting of April 15, 2014

Michael J. Hanger, OFC 4/3/14
J. Hanger 4/3/14
SN 4/3/14

Deputy Clerk to the
Board of County Commissioners

aATTACHMENT 1



Follow Up Request

September 19, 2013

OCT 21 2013

Please Respond

PALM BEACH COUNTY SHERIFF'S OFFICE
3228 GUN CLUB ROAD
WEST PALM BEACH FL 33406

Great American Life Insurance Company
Policy Number: 05532575
Deceased: Thomas Glenn Holley

Dear PALM BEACH COUNTY SHERIFF'S OFFICE:

During a routine audit of the above policy it was found that Thomas Glenn Holley may have passed away. Please accept our condolences.

The beneficiary of record is Palm Beach County Sheriff's Office. This is a 457 Fixed Annuity. The death benefit as of 06/20/2007 is \$12,006.83.

In order to make a claim and distribution election, an **Original Certified Death Certificate** (that reflects the cause and manner of death) will be required along with a **Claimant Statement & Election Request Form** from the Organization. The authorized party for the organization should select ONE of the options below:

- **Election A – Lump Sum:** To receive a check issued to the Organization;
- **Election B – Annuitization:** To receive a periodic stream of payments of the death benefit proceeds. Please note that payments must start prior to 12/31 of the year following death. If choosing this election, please contact our office to obtain an additional Release.

Since the Palm Beach County Sheriff's Office is the beneficiary on the above annuity policy, please provide a current copy of a Corporate Resolution, Meeting Minutes or some other documentation that indicates that the signor is authorized to represent the office in this matter.

If you have any questions regarding this claim, you may reach me at (800) 854-3649.

Sincerely,

Benjamin Waters
Life & Annuity Claims Department

X11896

Received

OCT 30 2013

Risk Management
Benefits/OHS

cc: file

Encl: Claimant Statement & Election Request Form (K2655311NW), Interest Notice, Fraud Notice, W-9, Special Tax Notice

Great American Financial Resources:
Annuity Investors Life Insurance Company®
Continental General Insurance Company®
Great American Life Insurance Company®
Manhattan National Life Insurance Company
United Teacher Associates Insurance Company

Administration for Life Insurance and Annuities:
American Retirement Life Insurance Company
Central Reserve Life Insurance Company
Loyal American Life Insurance Company®
Provident American Life & Health Insurance Company

P.O. Box 5420 • Cincinnati, OH 45201-5420

Attachment #

2



Great American Financial Resources:
Annuity Investors Life Insurance Company®
Continental General Insurance Company®
Great American Life Insurance Company®
Manhattan National Life Insurance Company
United Teacher Associates Insurance Company

Administration for Life Insurance and Annuities:
Central Reserve Life Insurance Company
Loyal American Life Insurance Company®
Provident American Life & Health Insurance Company

Mailing Address: P.O. Box 5420, Cincinnati, OH 45201-5420
Overnight Address: 301 E Fourth Street, 9S, Cincinnati, OH 45202
(800) 854-3649

CLAIMANT STATEMENT & ELECTION REQUEST FORM

If you represent an estate, trust, corporation, or other entity that is a beneficiary of an annuity contract issued or administered by a GAFRI Company, use this form to make a claim for the death benefit under the contract. It is important to submit the claim in a timely manner. Under certain annuity contracts, the options may be limited if the election is received more than one year after the date of death.

Once we process the claim, the election as to the form of death benefit is final and cannot be changed or revoked.

- Return this original signed form and a certified copy of the death certificate to us at the address listed above.
- Provide proof of authority to sign on behalf of the claimant (if not already in our file). For example:
 - Estates: a court order appointing executor/administrator/personal representative
 - Trusts: our trust certification and agreement form, pages from trust naming trustee, proof that prior trustee(s) no longer serving
 - Corporations: our corporate resolution form
- Do NOT use this form if the claimant is human being. Contact us to get the correct form.
- This form includes **state fraud warnings** on pages 2-3 and a notice to beneficiaries about interest on page 4.

Step I – Complete all boxes in the table below.

Information about the Deceased	Information about the Claimant
Deceased's Name <u>Thomas Glenn Holley</u>	Claimant's Name (Name of Estate/Trust/Corporation/Other Entity) <u>Palm Beach County Sheriff's Office</u>
Policy / Contract / Certificate #(s) <u>055 325 75</u>	<input type="checkbox"/> Estate <input type="checkbox"/> Corporation <input type="checkbox"/> Trust Dated <u> </u> / <u> </u> / <u> </u> <input checked="" type="checkbox"/> Other: <u>Government Agency</u>
Deceased's Social Security #	Claimant's Tax Identification # (cannot be deceased's SSN) <u>59-6000789</u>
Date of Death <u>06/20/2007</u>	Name of Authorized Signor <u>George Ferman</u> Daytime Phone # <u>(561) 688 3535</u>
Deceased's State of Permanent Residence on Date of Death <u>Florida</u>	Claimant's Address <u>3228 Gun Club Road</u>
Deceased's previous names, alias, or also known as <u>N/A</u>	Claimant's City, State, Zip & Country <u>West Palm Beach, FL 33406</u>

Is the claimant a U.S. person? ☒ Yes ☐ No

A U.S. person is defined as a U.S. domestic trust or estate, or a U.S. corporation, partnership, company or association. If not a U.S. person, an IRS Form W-8BEN will be required.

Step II – Select ONE of the following options AND complete the pages indicated below.

☒ **ELECTION A – LUMP SUM DISTRIBUTION ELECTION – Complete Pages 5 and 6. Sign and date Page 6.**

By choosing this option, the claimant is electing to receive payment of its entire interest in the annuity contract in one lump sum payment.

☐ **ELECTION B – ANNUITIZATION ELECTION – Complete Pages 7 and 8. Sign and date Page 8.**

By choosing this option, the claimant is electing to receive the death benefit in the form of a periodic stream of payments.

FRAUD WARNINGS

Alabama A person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

Delaware Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

Idaho Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Any person who knowingly and with intent to defraud an insurer makes a claim that contains any false statement or false representation of a material fact or makes a claim that omits or conceals material information may be subject to criminal and civil penalties.

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Texas Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO BENEFICIARIES ABOUT INTEREST

If required by state law, we will pay interest on the proceeds of the referenced policy or contract for the time period and at the rate required by state law. We will pay interest until we make a lump sum payment or the first installment of a series of periodic payments. Some states require us to provide a specific interest notice to beneficiaries. These notices are set out below. Please contact us at 1-800-854-3649 to find out the applicable interest rate or for more information.

California We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

Illinois We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 31 days of the date when we receive due proof of death or such other date as permitted by Illinois law. We will pay interest from the applicable date at the rate of 10%.

Kansas We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 10 days of the date when we receive due proof of death. We will pay interest from that date at the rate required by Kansas law.

Minnesota We will pay interest on the proceeds of the referenced policy or contract from the date of death until the date of payment at the rate required by Minnesota law.

New Hampshire We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

Oregon We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.

South Dakota We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.

Policy / Contract / Certificate # 05632575

ELECTION A – LUMP SUM DISTRIBUTION ELECTION – Complete 1 through 5 below, unless otherwise noted.

By making this election, the claimant is choosing to receive payment of its entire interest in the annuity contract in one lump sum payment.

1. Form of Distribution for Lump Sum Distribution Election – Check one box.

- ☒ Direct distribution to claimant (We will send a check to the claimant's address on page 1.)
- ☐ Direct rollover, direct transfer, or 1035 exchange to an account owned by the claimant. (We will send the distribution to the new custodian.)
- For a direct rollover, direct transfer, or 1035 exchange, we must receive a letter of acceptance from the new custodian.**

New Custodian's Name	
New Custodian's Address	
New Custodian's Phone #	Policy / Account # at New Custodian
Tax Qualification of New Policy / Account	

IMPORTANT NOTE FOR A ROLLOVER. Any required minimum distribution (RMD) due for the current tax year or any prior tax year is not an eligible rollover distribution. Any such RMD must be paid to the claimant before we send funds to the new custodian. Unless the claimant elects an alternate method by written notice to us, we will calculate the RMD based on the age of the designated beneficiary(ies) when permitted.

2. Income Tax Withholding for Lump Sum Distribution Election

For distributions to a trust from a 403(b) TSA plan, pension/profit sharing/401(k) plan, or governmental 457(b) plan, a minimum of 20% federal income tax withholding is required by the IRS unless the distribution is a direct rollover or required minimum distribution (RMD).

For all other distributions, including RMD from the above mentioned tax qualified policies, tax withholding is not mandatory. If a withholding election is not indicated OR if the claimant chooses to have taxes withheld and a preference is not indicated, 10% will be withheld for federal income tax unless the distribution is a direct rollover, direct transfer, or 1035 exchange.

- ☐ Withhold federal income tax. To withhold more than the default or mandatory amount, specify total percentage: ____%.
- ☒ **DO NOT** withhold federal income tax, unless required.

State income tax withholding may also apply. Whether or not taxes are withheld, the claimant will be liable for payment of all applicable federal and state income taxes on the taxable portion of the payment. The claimant may also be subject to penalties under the estimated tax rules if withholding and estimated tax payments, if any, are not adequate.

3. Acknowledgment of Special Tax Notice Regarding Plan Payments for Lump Sum Distribution Election –

Complete this section for distributions from a 403(b) TSA plan, pension/profit sharing/401(k) plan, or governmental 457(b) plan.

By signing this Claimant Statement and Election Request Form, the claimant acknowledges receipt of the Special Tax Notice Regarding Plan Payments. Please contact our office prior to submitting this form if the claimant did not receive this Special Tax Notice. The claimant has 30 days to consider whether or not to make a direct rollover, if permitted, and its request must be delayed unless it waives the 30-day consideration period.



By initialing in the box to the left, I waive the claimant's 30-day consideration period.

This election applies to the waiver of the 30-day consideration period, NOT the actual processing time for the claim.

→ Continue to next page to complete Election A.

05532575

On behalf of the claimant, I agree that the GAFRI Company is authorized to process this lump sum distribution request as indicated above. I agree to hold the GAFRI Company harmless against all claims made by reason of this distribution. If the contract is not returned with this form, I hereby certify that the contract is not in my possession and has not been assigned, transferred, or pledged; and I also agree that the contract is no longer in effect and I will return it if found.


Signature of Claimant's Representative

600
Title

1/24/20
Date

Name of Employer Plan	Palm Beach County Sheriff's Office		
Name of Plan Administrator	Sallyann Jovef	Phone #	(561) 688-3535

Plan Administrator Signature Jalynn Rose

Date 1/29/14



Pages 7-8 are not required if you have selected Election A – Lump Sum Distribution Election.