

Important Telephone Numbers

Anthem Blue Cross/Blue Shield 1-866-649-2041
 RIPEA Group Health Plan

AMBA 1-800-258-7041
 Dental/Vision/Long Term Care/Cancer/Whole Life/Medical Air Service Association

G.E.T.O. 1-877-867-3639
 Vacation Condos at Reduced Rates - www.gettraelop.com

Genworth 1-765-827-6607
 Long Term Care

HearPo 1-888-432-7464
 Hearing Plan

MetLife 1-800-438-6388
 Auto/Home

P.E.R.F. 1-888-526-1687
 Retirement Checks & Benefits

The RIPEA Board of Directors Working for You

Fred L. Armstrong
 Indianapolis

Christie A. Bader
 Georgetown

Thomas V. Barnes
 Gary

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Email us at ripea@ripea.org or visit our website: www.ripea.org

The RIPEA office hours are:
 Monday through Friday,
 8 a.m. to 4 p.m.



Retired Indiana Public Employees Association

Working for Your Retirement Today

May 2013



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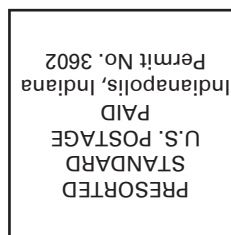
A Message from the Executive Director

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RIPEA Grant Application Included

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Retired Indiana Public Employees Association, Inc.
 3530 S. Keystone Avenue, Suite #305
 Indianapolis, IN 46227





Your Wish May Be Grant-ed

A special thanks to the selfless generosity of hundreds of RIPEA members who donated to the RIPEA Foundation over the last year. Because of your generosity the Foundation Board of Directors is able to offer grants to members in need.

If you've encountered financial hardship you may be eligible to receive assistance in the form of a grant. Grants are intended for the benefit of RIPEA members only. If you were approved and received a grant in 2012 you are not eligible in 2013. The grant application is

included in this newsletter and must be returned by July 1st, 2013. The Foundation Board reviews each application carefully and selects recipients based on the most demonstrated need supported by documentation (i.e. copy of unpaid bill, credit card bill with explained expenses, etc.). A grant application without supporting documentation will not be considered. Grant applicants will be notified of the Board's decision by August 15th, 2013.

A Message from the Executive Director

You win some, you lose some.

This marks another year with a half successful legislative session for RIPEA members. There were 2 bills before house members-unfortunately we were only successful with the 13th check. We want to thank all members of the Legislature who supported us and to Governor Pence who signed the bill into law. We assume PERF, as it has been done in recent years, will add the 13th check amount to your September 15th PERF check.

As we move towards the fall season we're preparing for the 23rd Annual Convention on September 9th. Please mark your calendars. We will have an interesting, fun packed day once again. Details coming soon.

The Foundation Board is accepting grant applications from RIPEA members in need of financial assistance. If you apply, please be sure to include supporting documentation-this is a must to be considered.

As we continue to grow our Foundation, I want to thank RIPEA members who have been so generous with their financial support in helping other members. Unexpected financial hardship can hit anyone at any time. Know your donation is making a difference.

I look forward to seeing you in September.

Sincerely,

Bill Murphy
Bill Murphy

The Good, the Bad, and the Money

After a long "Budget Writing" session the Indiana Legislature adjourned on April 29th, providing good, bad, and thankfully, money for RIPEA members. The money, in the form of a "13th check" for PERF retirees was the good.

Thanks to HB 1080, co-authored by Representatives Woody Burton (R) and David Niezgodski (D), all PERF retirees who have an effective retirement date of or prior to December 1st, 2012 will receive a 13th check in the same amount as recent years.

Years of Service	Amount
5-10 years of service (Disability Retirees Only)	\$150.00
10-20 years of service	\$275.00
20-30 years of service	\$375.00
Over 30 years of service	\$450.00

Thanks to those members of the legislature who voted for this bill and to Governor Pence for signing it into law.

Unfortunately, the cost of living adjustment (COLA) for PERF retirees proposed in HB 1590 by Representatives Woody Burton (R), David Niezgodski (D), and Bob Morris (R) did not pass by the established deadline. This means that PERF retirees will not receive a COLA despite the efforts of RIPEA's Board of Directors who made it their No. 1 legislative priority. For the 5th consecutive year, RIPEA members will have to take the bad with the good.



An Annual Good Time!

RIPEA's 23rd Annual Convention will be September 9th at Primo Convention Hall-this is the same location as last year.

We're planning another informative, fun day with a wonderful buffet lunch for our members. As in the past we've keep the cost to only \$12.00. We hope to have the same huge attendance again this year with bus transportation available from some parts of the state.

Detailed information will be included in the August newsletter. Please mark your calendars and join your fellow RIPEA members for a day of fun, fellowship and information.

RIPEA FOUNDATION

3530 South Keystone Avenue, Suite 305 Indianapolis, IN 46227

2013 Individual Grant Application

Application must be received in our office by July 1, 2013

Member's Name _____

Address _____

City/Town _____ State _____ Zip _____

Telephone No. (_____) _____ Soc. Sec. No. (Last 4 only) _____

Name, Address and Telephone Number of Person Completing This Application Other Than Applicant:

TOTAL GROSS MONTHLY INCOME:

	<u>Member</u>	<u>Spouse</u>	<u>Total</u>
Social Security	\$ _____	\$ _____	\$ _____
PERF	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Amount of Grant Requested: \$ _____

NOTE: If all lines are not completed and necessary supporting documents are not submitted the application will not be considered. All information on this application is confidential and will not be shared with any person/s not affiliated with the RIPEA Foundation.

Purpose for which Grant will be used: (If additional space is needed for a complete explanation, please attach a separate sheet): _____

If Grant is to assist with payment of an existing financial obligation, please include a copy of the bill or a list of expenses if submitting a credit card bill.

Will any part of this obligation be paid by insurance: _____ If yes, how much? _____

Signature: _____ Date: _____

Print Name: _____

**For Office
Use Only**

Verification of Membership by: _____ Amount Recommended: _____

Reviewed by: _____ Date: _____