

## **Deduction Authorization and Pre-tax Election**

EMPLOYEE NAME \_\_\_\_\_\_EMPLOYEE I.D. # \_\_\_\_\_

Signature	Date
enrollment rig	nd understand the above payroll deduction information, and my eligibility and phts and responsibilities on the back of this document. I have received a copy of this future reference.
	I elect to waive this benefit and any tax savings on my applicable insurance payroll deductions until further notification to Human Resources - Employee Benefits. I understand that, if at a future date I choose to elect this benefit, I will only be allowed into the program effective the beginning of the following calendar year.
	I would like to take advantage of this benefit. Please deduct my applicable premiums from my paycheck on a pre-tax basis.
	condido offers employees the opportunity to utilize the pre-tax insurance deductions benefit r Section 125 of the Internal Revenue Code.
employee paid	tion of employment, it may be necessary for the City to deduct the remainder of any premiums for the current month's coverages, in addition to any outstanding overpayments. premium has been collected at time of termination, I will be refunded this overage in my.
understand I employee con	course of employment with the City, I am approved for a Leave of Absence (LOA), I may be required to pay the employer portion of insurance premiums as well as my tributions. Payment of these premiums for continuation of coverages must be arranged Benefits at the time of the Leave of Absence.
days as outling reduction in proclaims) that the	hat if I do not notify the Benefits Division of a family status change within the required 30 ed on the reverse side of this form, and if the status change would have resulted in a remium costs paid by the City, I will be liable for any premiums (in addition to rebates or e City overpays as a result of my failure to provide proper notification. I authorize the City y deduct overpaid premiums, rebates, and claims directly from my paycheck.
collected semi	e prepared biweekly (26 paychecks per year). Most City payroll benefit deductions are -monthly from the first two paychecks of the month (24 deductions per year). Depending plan election, payroll deduction of retroactive premiums may be necessary.
benefits are p contribution. hereby authori may be adjuste	ployee, I understand that I am eligible for various insurance plans with the City. Certain rovided and paid for by the City. Other plans and coverage levels require an employee Upon election of any level of coverage which requires an employee payroll deduction, I ze the City to deduct the applicable premium as required. I realize that premium amounts ed by the benefit providers or the City, and that I will be notified in writing of such changes. Its no liability or responsibility for paying any employee portion of premiums.

## LOSS OF DEPENDENT ELIGIBILITY

Generally, you may only change your benefit plan choices during the annual benefits open enrollment period. However, any change that results in a dependent becoming ineligible must be taken care of immediately.

If you have a family status change that results in the loss of eligibility for a covered dependent, you must notify the Human Resources Benefits Division within 30 days of the change. Family status changes resulting in the loss of dependent eligibility include:

- > Your divorce, legal separation, or annulment
- Your legal dissolution of a State registered domestic partnership
- Death of your spouse, domestic partner, or covered child
- A change in a child's eligibility for benefits (i.e. marriage, overage, no longer your dependent)

Notifying the Human Resources Benefits Division of a loss of dependent eligibility, within 30 days of the change, protects an eligible dependent's COBRA continuation of medical insurance privilege. It also prevents your liability for any premiums, rebates, or claims paid for an ineligible dependent.

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in one of the City's plans if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependent's other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage). If mid-year enrollment is requested due to loss of other coverage, you will be required to provide proof of loss of coverage through the other health plan in order to enroll on the City's plan.

In addition, you may be able to enroll yourself and your dependents on your benefit plans mid-year under a family status change that would include:

- Your marriage
- > Birth, adoption or placement for adoption of an eligible child
- State registration of a domestic partner
- A change in your child's eligibility for benefits
- Change in address that affects eligibility for coverage
- A significant change in your or your spouse's health coverage or cost of benefit
- Receiving a Qualified Medical Child Support Order (QMCSO)

However, you must request enrollment within 30 days after the event triggering the newly eligible dependent. To request special enrollment, contact the City's Human Resources Benefits Division. The City may request documentation for proof of newly eligible dependents.

A special enrollment opportunity may be available in the future if you or your dependents lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you already have on file with the City's Benefits Division, a completed "Waiver of Medical Insurance Verification of Eligibility" form indicating you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for that person(s), even if other coverage is currently in effect and is later lost. In addition, unless you indicate that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by this statement.

Special enrollment rights also exist in the following two circumstances, in which you or your dependents will have sixty (60) days from the date of the eligibility event to request special enrollment in the group health plan coverage:

- If you or your dependents experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or
- If you or your dependents become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium.

If you are unsure whether you have a family status change that affects your benefits, or if you want further clarification of the family status change laws, contact the Human Resources Benefits Division.