

Wayne County Benefit Administration Division
REDUCTION IN HEALTH CARE BENEFIT
HEALTH CARE INSURANCE OPT OUT ELECTION FORM

Use this form if you are a Wayne County employee and a member of a newly ratified CBA or benefit plan and wish to opt out of health care benefits.

Name: _____ **Employee ID:** _____

Employees who elect and are eligible to opt out of medical and prescription drug benefits shall receive a cash rebate equal to fifteen percent (15%) of the average annual premium at the applicable coverage tier of the current PPO and HMO medical plans.

TO OPT OUT OF EMPLOYER-SPONSORED HEALTH CARE INSURANCE COVERAGE:

1. Application must be made to the Wayne County Benefit Administration Division using this form.
2. You must complete an **Enrollment/Change of Status Form** and provide appropriate proof of relationship for your dependents unless provided previously.
3. Documented proof of other, outside health care coverage must be provided at the time application is made. Proof of other coverage should be a letter from the other employer or insurance company stating you have current coverage. The letter should also include all members covered under that plan. No copies of insurance cards are accepted.
4. Your current coverage under that plan will be cancelled the first of the month following receipt of the appropriate forms and documentation.
5. This election is **irrevocable** once submitted and may not be changed until the next open enrollment period unless proof of loss of medical insurance is provided to Benefit Administration within thirty days (30) of the loss. Those eligible to re-enroll under these circumstances, will be placed in the Community Blue PPO plan.
6. Payment is subject to appropriate taxes unless a Health Care Reimbursement account has been established by the County and elected by the employee.
7. Employees electing to enroll in the Health Benefit Opt-Out Program will receive the cash rebate paid in arrears. The Benefit will be paid as a taxable earning in the first pay after October first after having opted out of benefits through September of each year. The gross opt-out earning will be equal to the full rebate amount specified above or the prorated share of the same representing the number of months since October first of the previous year that the employee was eligible for health benefits if less than twelve months.

OPT OUT ELECTIONS:

Place your initials in the box next to each health care plan listed below for which you wish to opt out.

Medical (including prescription drug)

Dental – No opt out earning apply

Vision – No opt out earning apply

I have read and understand the above conditions and procedures for opting out of medical and prescription drug coverage and agree to them in making my election to opt out of medical coverage.

Signature: _____ **Date:** _____

Return all forms and documentation to the Wayne County Benefit Administration Division located at 600 Randolph, Suite 171, Detroit, MI 48226. For questions or additional information, please call (313) 224-2004.

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