



# HEALTH CARE INSURANCE OPT OUT ELECTION FORM

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

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

1. Sign and complete this form.
2. Complete an **Enrollment / Change of Status Form** and provide appropriate proof of relationship for all dependents that could have been covered under the health plan (unless previously provided).
3. Provide documented proof of medical coverage under another group health plan. Proof of other coverage should be in the form of a letter or form from the other employer, retirement system or insurance company verifying medical coverage. Copies of insurance cards are NOT acceptable.

### OPT OUT PROGRAM GENERAL PROVISIONS:

1. Healthcare opt out elections will become effective on the first of the month following receipt of the appropriate forms and documentation as described in section above. Coverage for participants currently enrolled in a medical plan through Wayne County or the Wayne County Courts will be cancelled at that same time.
2. 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 Benefits Administration within thirty (30) days of the loss. Those eligible to re-enroll under these circumstances will be placed in the County's plan of choice until the next open enrollment period.
3. Payment of earnings under this program will only occur for those months which the employee was eligible for healthcare benefits. If payment of earnings is to be paid on an annual basis, payment will be prorated based on the number of months eligible during the year (beginning with October) for which the employee elects to opt out if less than twelve (12) months. If payment of the opt out earning is made in advance and the employee becomes ineligible for benefits during the year for which the earning was paid, the employee will be responsible for reimbursing the employer the prorated amount for the months during which the employee was ineligible for coverage.
4. Payment of any earnings due to opting out of healthcare coverage is subject to appropriate taxes unless a Health Care Reimbursement account has been established by the County and elected by the employee.

### OPT OUT ELECTIONS:

Check Applicable Box Below	Employee Group	Earning Amount	Method of Payment
<input type="checkbox"/>	Commission Exec. Plan, Elected Officials and Judges	\$1,000 annually	Paid as a lump-sum earning in <u>advance</u> of year for which employee is opting out (during month of October).
<input type="checkbox"/>	UAW JAA	\$950 annually	Paid as a bi-weekly earning (\$36.54 / pay)
<input type="checkbox"/>	All Other Employee Groups	15% of average annual medical & prescription drug premium of PPO & HMO plans based on coverage tier (single, two or family)*	Paid as a lump-sum earning in <u>arrears</u> (during month of October)*

\* Refer to published benefit summaries for specific earning amounts.

Check the box next to each healthcare plan type listed below for which you elect to opt out.

Medical & Rx     Dental     Vision

**NOTE:** Unless otherwise specified by your labor agreement, opting out of medical coverage does not require that you opt out of dental and/or vision benefits. You may choose to waive these benefits, but no earning will be accrued to you for doing so.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_