

**ANNUAL City of Reedley 2017 CASH-IN-LIEU of Benefits Option**

Participation Agreement and Disclosure Statement for January 1, 2018 through December 31, 2018

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Department: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
SSN: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

- Dental Cash-in-Lieu (**\$40.00**)
- Medical Cash-in-Lieu (**\$300.00**)
- Vision Cash-in-Lieu (**\$10.00**)

**PROOF of Other Medical and/or Dental and/or Vision Coverage is REQUIRED to be submitted with this form**

Subscriber Name:		Subscriber's Relationship to Employee:	
Subscriber's Employer:			
Employer Address:			
Telephone # (Personnel/Benefits Office):			
<b>MEDICAL:</b> Other Insurance Company			
Group Name:		Emp. Medical I.D. Number:	
<b>DENTAL:</b> Other Insurance Company			
Group Name:		Emp. Dental I.D. Number:	
<b>VISION:</b> Other Insurance Company			
Group Name:		Emp. Vision I.D. Number:	

**PROOF of other coverage can be a medical and/or dental card and/or vision or a print-out from the subscriber's insurance company or employer with the City of Reedley employee's name and coverage(s) indicated on the list of covered persons.**

I hereby waive insurance plan coverage through the City of Reedley and apply to exercise my option, as an employee of the City of Reedley, to receive an in-lieu-of-benefits payment in cash based on the rates indicated above and prorated by my percent time.

**TAXABLE INCOME:** Monthly in-lieu payments are reported as taxable income & reflected in withholding contributions on my paycheck.

**Current employees choosing to elect this option during the City's Annual Open Enrollment:** I understand that any medical and/or dental and/or vision plan coverage that I currently have through the City of Reedley will expire at midnight on **December 31, 2017**.

**Disclosure Statement**

Employees who have opted for the cash-in-lieu option may be eligible to re-enroll in City of Reedley medical or dental plans only during the annual Open Enrollment period or within 30 days of the following events:

- Family Unit change due to marriage, birth, or adoption
- Loss of other coverage
- Court or administrative order
- Reemployment after Military service

I understand that this Participation Agreement and Disclosure statement with proof of other medical and/or dental coverage expires on December 31, 2018 and in order to continue to qualify for this option, I must annually enroll by submitting a new form with updated proof of other medical and/or dental coverage during the Open Enrollment period. Failure to do so will result in automatic ineligibility, and the in-lieu payments will be terminated for the next calendar year.

I therefore and hereby agree to all terms and conditions as contained in this Participation Agreement and Disclosure Statement and that the terms and conditions are fully understood. I further certify that the information furnished is true and correct and understand that falsification of this form may result in disciplinary action and repayment to the City of Reedley of cash-in-lieu payments.

\_\_\_\_\_  
Participating Employee's Signature

\_\_\_\_\_  
Date