COUNTY OF SANTA CRUZ
AMENDED AND RESTATED

H-CARE: MEDICAL PREMIUM PRE-TAX PROGRAM ENROLLMENT FORM

No Annual re-enrollment required

I am enrolled in a County of Santa Cruz group medical plan for the calendar year and hereby elect to participate in the County's Medical Premium Pre-Tax Program (H-CARE). I agree that my paycheck will be reduced by my medical premium share of cost, effective pay period one of **Calendar Year 2023.** If I am hired on or after pay period one in Calendar Year 2023, this salary deduction will be effective the first full pay period after I become an employee and am enrolled in a County offered group medical plan. This agreement will remain in effect for each succeeding pay period until it is amended or terminated.

I understand that:

- Under the Code of Federal Regulations (CFR) Section 1.125.4 – *Permitted Election Changes:* if a qualifying event exists, the Internal Revenue Service (IRS) allows employees to revoke or make election changes to their plan outside of an Open Enrollment period.
- In the event of rate adjustments to my County provided group medical plan, my share of cost for H-CARE will be adjusted automatically.

- **If I am enrolled in County medical coverage and choose to opt out of County medical coverage, my participation in H-CARE ends.**
- **If I am enrolled in County medical coverage and go on an unpaid leave of absence, my participation in H-CARE ends.**
- **If I meet the criteria to participate in H-CARE, I can re-enroll by submitting an enrollment form during the Open Enrollment period.**

PLEASE PRINT
Employee Name: _____

Mailing Address: _____

Employee Payroll #_____Work Phone #_____

Signature: _____Date: _____

RETURN THE COMPLETED FORM TO THE PERSONNEL BENEFITS OFFICE
701 Ocean St., Room 510, Santa Cruz, CA 95060

For questions email the Benefits Office at: benefits.questions@santacruzcounty.us
Or call the Benefits Hotline at (831) 454-2241.