County Of Santa Cruz
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 2024**. If I am hired on or after pay period one in **Calendar Year 2024**, this salary deduction will be effective the first full pay period after submission of form and enrollment 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.

Employee Name (print): _____ Employee Payroll #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employee Signature: _____ Phone Number: _____ Date: _____

This Form can be submitted via DocuSign on the Benefits Webpage at www.santacruzcountyca.gov/benefits, by email to benefits.questions@santacruzcountyca.gov, by USPS mail or in person to the Personnel Office (Benefits) at 701 Ocean St. Room 510, Santa Cruz CA, 95060.

For questions contact the Benefits Team at the Benefits Hotline (831) 454–2241 or by email to benefits.questions@santacruzcountyca.gov