

City of Bothell

Employee Medical Benefit Opt-Out Election

Employee Name: _____

MEDICAL PLAN UN-ENROLLMENT

(initials) I understand re-enrollment in the medical plan is only available:
 → During open enrollment in November of each year, coverage effective January 1st of the following year.
 → Any time during the year, but only if I or my eligible dependent loses my/their other medical coverage.

I request to un-enroll the following individuals from the City's medical plan (**AWC Enrollment Form needed to drop spouse and dependents**). I certify that on the effective date of un-enrollment they currently have or will have, other continuous, comprehensive medical insurance:

Name	Relationship (self, spouse, daughter, etc)	Date of Birth	Effective Date of Un-enrollment *	Name of Other Insurance Plan (Proof of insurance required for employee)

* Effective date must be the month following completion of this form, or later

CITY NOTIFICATION REQUIREMENTS

(initials) I understand that a change in status for the individuals listed above may affect my opt-out rebate amount. I agree to notify the City when a change in status occurs. A "change in status" includes:

- Marriage • Death of a family member • Child turning age 26
- Divorce • New Child

(initials) Should the City pay me any Medical Benefit Opt Out rebate I am not entitled to, I authorize the City of Bothell to deduct any and all amounts overpaid from my next paycheck(s), including my final paycheck.

ELECTION OF REBATE

I elect to receive the opt-out rebate payable:

- Semi-monthly as a taxable cash benefit included in my paycheck
- Semi-monthly as a contribution to my deferred compensation (Complete ICMA-RC Contribution Change Form)

By my signature below, I declare:

I have read the "Medical Benefit Opt Out Guidelines" (see reverse) and would like to proceed with un-enrolling myself and/or dependents from the medical plan I am eligible for through my City employment.

Signature

Date

MEDICAL BENEFIT OPT-OUT GUIDELINES

Overview

When an employee is eligible to receive family medical benefits through employment with the City and the employee and family members are covered by medical benefits elsewhere, the employee may choose to “opt-out” of receiving City medical benefits for himself/herself and his/her family. The City and employee will share the savings. Nothing in this plan prohibits employees from enrolling new family members in the City’s benefit programs, if eligible.

Definitions

“**Dependent**” means spouse, child, or other eligible legal dependent under the City’s health insurances.

“**Other coverage**” means comprehensive medical insurance provided by another insurance plan, not the City’s plan.

Scope/Limitations

- Voluntary
- Available to employee and/or their dependents:
 - With other continuous, comprehensive medical insurance, and only
 - When the employee signs a waiver:
 - Certifying they and/or their dependents have other medical coverage, and
 - Acknowledging the conditions for re-enrollment on the City’s medical plan.
- Re-enrollment on the City’s medical plan is available:
 - During open enrollment in November of each year, coverage effective January 1st of the following year.
 - Mid-year, if an eligible employee or dependent loses their other medical coverage.
- Enrollment in the Opt-out Program will remain in effect until:
 - The employee exercises re-enrollment privileges above, or
 - The employee and/or dependent is no longer eligible for City of Bothell medical coverage under any circumstance.

Rebate Amount for Medical Opt-out		
Dependent Category	Incentive Per Month	Incentive Per Year
No Coverage for Employee	\$110	\$1,320
No coverage for Spouse or Dependents	\$220	\$2,640
<ul style="list-style-type: none">• Payable monthly as taxable cash benefit or contribution to 457 Deferred Compensation.• Capped at employee plus spouse and dependents (\$330 per month).• Incentive amount prorated based on full time equivalency.		