# Butte County Cash-Back
# Employee Election Form

| Employee Name (First, Middle Initial, Last) | Social Security Number | Employee Number |
|---|---|---|
| Mailing Address | City, State, Zip Code | Work Phone # |

Bargaining Unit: Choose Employee Group ☐ Full – Time Employee ☐ Part – Time Employee _____ %

## COMPLETE TO ELECT CASH-BACK

The following section must be completed if you choose to receive cash instead of enrolling in the Butte County-sponsored Group Health Plan.

☐ ELECT CASH-BACK EFFECTIVE DATE: 01/01/2014

I certify that I am currently covered by a medical insurance plan. I further certify that I will maintain coverage on an ongoing basis. I agree to notify the Department of Human Resources within 60 days should I lose coverage under this medical insurance program. I understand that in order to meet the requirements to receive cash-back, I am required to provide the following forms and information to the Butte County Human Resources Department within 7 days of submission of this enrollment form:

(1) Proof of insurance;
(2) A completed PERS Health Benefit Plan Enrollment Form (HBD-12) either canceling my coverage under the Butte County Health Plan or electing not to enroll in the Plan; and,
(3) A Declaration of Health Coverage (HB-12A).

I further understand that the cash-back will not become effective until the first of the month following receipt of all of the above-referenced forms and information by the Butte County Human Resources Department.

***I understand and acknowledge that this application will not be processed without the properly completed forms.***

**Taxable Cash Option $_____** **Employee's Signature _____**

***Per Federal guidelines, Medi-Cal and Medicare are excluded from the cash back option.**

## COMPLETE TO CANCEL CASH-BACK

The following section must be completed if you choose to cancel the cash-back option:

☐ CANCEL CASH – BACK EFFECTIVE DATE: _____

**Employee's Signature: _____ Date: _____**

***Original-Human Resources*** ***Copy-Auditor*** ***Copy-Employee***

K:Forms/Benefits/Cash Back

Print Form