



County of San Bernardino PREMIUM DEDUCTION ELECTION

The Premium Deduction Election form is used by existing employees or new hires to authorize their benefit plan payments from their salary and indicate either before or after-tax deductions.

REFERENCES

Current County Memoranda of Understanding (MOU); Compensation Plan; Personnel Rules

FORMS REQUIRED

Premium Deduction Election

MANDATORY FIELDS

Employee ID; Rcd No; Last Name, First Name; Department; Department ID; Telephone; Reason for Election Agreement; Benefit Elections

GENERAL INFORMATION

This form is to be completed by an employee when there is a qualifying event that changes their benefit elections (i.e., birth, marriage, divorce, death and return from extended leave). Refer to the form for additional qualifying events.

Note: This form must be submitted to the Employee Benefits and Services Division of Human Resources (EBSD-HR) within 60 days after the qualifying event

Elections will remain in force for the current plan year unless a qualifying Internal Revenue Code (IRC) Section 125 change-in-status event occurs. The next opportunity to change the election will be during the County of San Bernardino's Open Enrollment period. If changes are not made during the Open Enrollment period, the original elections will be maintained for the new plan year.

REASON FOR ELECTION AGREEMENT

Indicate the date and event prompting the action.

For initial enrollment, only the New Hire box is checked and date of hire consistent with pay period effective date is entered.

Needles Subsidy Change in Eligibility – Check this box if changing work location to/from Needles Subsidy eligible areas or if a new hire is eligible for the Needles Subsidy. *Refer to appropriate MOU*

Note: Documentation (as indicated below) is required for evidence of qualifying event

For a qualifying IRC Section 125 event, check the appropriate box and enter the effective date event.

<u>Event</u>	<u>Required Documentation</u>
Adoption/Guardianship	Placement letter/court papers
Birth	Birth Certificate (certified, hospital issued, or certificate of baptism)
Death	Death Certificate
Disabled Over-Age Dependent	Disabled Dependent Certification
Divorce/Dissolution of Domestic Partnership	Final Decree of Divorce/Dissolution of Domestic Partnership
Gain/Loss of Spouse's/Domestic Partner's Employment or Other Group Coverage	Proof of loss of coverage; must include effective date of loss
Marriage/Domestic Partnership	Marriage License/Declaration of Domestic Partnership
Moved in/out of the HMO area	Contact EBSD-HR at (909) 387-5787 for further information
Needles Subsidy/Change in Subsidy Eligibility	
Open Enrollment	
Reduction in Hours for Employee or Spouse/Domestic Partner	
Return from Unpaid Leave of Absence	
Unpaid Leave of Absence Taken by Employee or Spouse/Domestic Partnership	
Other (fill in field – event must be consistent with IRC Section 125 guidelines)	

BENEFIT ELECTIONS

The employee must indicate the selected benefit plans and whether premiums will be taken from before tax or after tax dollars. If Before Tax is elected, changes, other than a qualifying event, cannot be made to the election; however, if After Tax is elected, certain changes, such as dropping a dependent from coverage is allowed. The employee must elect Before Tax **or** After Tax for each benefit plan change.

If the employee is enrolling a dependent(s) in benefits, the name of the dependent, tax dependent status and if applicable indicate Domestic Partner/Domestic Partner's child must be indicated.

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Verify that the most current form has been submitted
- ◆ Audit form for completeness
- ◆ Retain copies for department file
- ◆ Forward original to EBSD-HR (0440)

RELATED FORMS

Checklist for Contract to Regular
Checklist for Extra-Help/Recurrent/PSE to Contract
Checklist for Extra-Help/Recurrent/PSE to Regular
Checklist for New Hire-Contract
Checklist for New Hire-Exempt
Checklist for New Hire-Regular/Part-Time/Reemployment (Rehire)
Checklist for Return from Leave (After employee returns to work from leave without right to return)
Disabled Dependent Certification
Life Insurance and AD&D Enrollment/Change Form