



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# PREMIUM DEDUCTION ELECTION

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	
<b>Department</b>		<b>Department ID</b>	<b>Telephone</b>

## REASON FOR ELECTION AGREEMENT

Date	Event	Date	Event
	<input type="checkbox"/> New Hire		<input type="checkbox"/> Moved in/out of the HMO area
	<input type="checkbox"/> Adoption/Guardianship*		<input type="checkbox"/> Needles Subsidy/Change in Subsidy Eligibility
	<input type="checkbox"/> Birth*		<input type="checkbox"/> Open Enrollment
	<input type="checkbox"/> Death* <input type="checkbox"/> Update AD&D from Employee + Spouse to Employee Only		<input type="checkbox"/> Reduction in Hours for Employee or Spouse/Domestic Partner*
	<input type="checkbox"/> Disabled Over-Age Dependent <i>(Please provide required Disabled Dependent Certification form)</i>		<input type="checkbox"/> Return from Unpaid Leave of Absence
	<input type="checkbox"/> Divorce/Dissolution of Domestic Partnership* <i>(Please provide required mailing address of ex-spouse/domestic partner)</i>  Mailing Address:  City, State, Zip:		<input type="checkbox"/> Unpaid Leave of Absence Taken by Employee or Spouse/Domestic Partner*
	<input type="checkbox"/> Gain/Loss Spouse's/Domestic Partner's Employment or Other Group Coverage*		<input type="checkbox"/> Other:
	<input type="checkbox"/> Marriage/Domestic Partnership*		

\*Documentation is required for evidence of qualifying event (i.e.; Birth Certificate, Certificate of Marriage/Domestic Partnership, Court Orders, Final Divorce Decree, Benefit Confirmation Statement, COBRA Notice, Loss of Coverage Letter, and Termination Notice)

## BENEFIT ELECTIONS

Check the appropriate tax elections and list all dependents you wish to enroll in benefits.

Plan	Before Tax	After Tax	Name of Dependent	Tax Dependent		Domestic Partner/ Domestic Partner's Child	
				Yes	No	Before Tax	After Tax
Medical	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Life	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AD&D	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision*	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Tax election for vision coverage applies only to Firefighters, Nurses, Probation, Specialized Peace Officer - Supervisory units

### HR Use Only

<b>Comments</b> Enroll: <input type="checkbox"/> Vision <input type="checkbox"/> Life
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DISTRIBUTION: Original - EBSD-HR (0440)

<b>Reviewed By</b> (Employee ID)	<b>Date</b>	<b>Keyed By</b> (Employee ID)	<b>Date</b>
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