County of Glenn
Personnel Department

Election of Cash In-Lieu of Participation in Group Medical Insurance

Name (Please Print)	Employee ID	Social Security Number	Date of Birth
Address	**City and State**		**Zip Code**
Department	**Work Telephone**	**Home Telephone**	**Date of Hire**

* I hereby authorize the County of Glenn to provide bi-weekly payments beginning the following month from the receipt of this form by the Personnel Department.

* I affirm that I am covered by another health plan and have attached verification of my coverage offered through:

_____
(Name of Carrier)

* I understand this verification must be provided by the employer providing my insurance and must state that I am currently covered. **An ID Card that expires prior to the commencement of coverage is insufficient proof of coverage. Without proof of coverage this form cannot be processed.**

* I understand that if I am eligible for for Medicare, I am not eligible for cash.

* I understand that my other medical insurance must be primary to Medicare for myself and my family if either I or any of my family members are eligible for Medicare. When Medicare is primary, the employee is not eligible for cash.

* I understand that under no circumstances will the cash benefit be made in arrears.

* I understand that no payment is made on the third pay day in a month.

* I understand that, by exercising the election to receive biweekly payments, I cannot enroll in a medical plan through the County. If I wish to enroll in any of the County medical plans through CalPERS at a later date, I will be subject to CalPERS's enrollment rules.

* I understand that my eligibility for cash is subject to an annual recertification process.

* I understand that I must notify the Glenn County Personnel Department within 30 days of any changes to the non County medical coverage that effects my qualifications for this cash in-lieu benefit.

Signature	Date

Department Use Only

☐ Current Proof of Coverage

☐ CDHASSGN-Begin/End (cirlce one)

Effective: _____ *Initials:*

Pay Period #_____