



Wayne County Airport Authority Employee Benefits

2017 REDUCTION IN HEALTH CARE BENEFIT HEALTH CARE INSURANCE OPT OUT ELECTION FORM FOR RETIREES

Use this form if you wish to opt out of medical benefits

Name: _____ SSN: _____

You may decline employer-sponsored medical coverage and those eligible employees can receive a lump sum cash rebate in the amount specified under the terms and conditions of the associated collective bargaining agreement.

TO OPT OUT OF EMPLOYER-SPONSORED HEALTH CARE INSURANCE COVERAGE:

1. Application must be made to the Wayne County Airport Authority Employee Benefits using this form.
2. You must complete an Enrollment Change of Status Form for the plan, in which you are enrolled in order to cancel coverage for you and your family.
3. Documented proof of other, outside medical insurance must be provided at the time application is made. Employee Benefits shall determine the appropriate level of documentation necessary to satisfy this provision.
4. Your current medical coverage will be cancelled the first of the month following receipt of the appropriate forms and documentation.
5. This election is irrevocable once submitted and may not be changed until the next open enrollment period unless proof of loss of medical insurance is provided to Employee Benefits within thirty (30) days, of the loss.
6. Cash Rebate payments are subject to the appropriate payroll taxes.
7. Within ninety (90) days, you should receive your lump sum cash rebate or bi-weekly cash rebate, whichever applicable, prorated through the following October 1st. Thereafter, opt out rebates will be paid on or about every October 1st for as long as you continue to opt out of medical benefits and are eligible to do so.
8. Opting out of medical coverage does not require that you opt out of dental and/or optical reimbursement benefits. However, you may choose to waive these benefits. There is no cash rebate associated with opting out of these benefits.

I choose to waive my employer-sponsored dental benefits.

9. During the plan year should you become eligible and decide to participate in any of the WCAA health insurance plans, you may be required to re-pay at a pro-rated amount any opt-out monies you may have received.

I have read and understand the above conditions and procedures for opting out of medical coverage and agree to them in making my election to opt out of medical coverage.

Signature: _____ Date: _____

All forms and documentation should be returned to the Wayne County Airport Authority, 1 L.C. Smith Building, Mezzanine - Detroit, Michigan 48242. For questions or additional information, please call (734)247-3236.

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