



Cash-In-Lieu Affidavit

City of Los Angeles
Personnel Department
Employee Benefits Division
213-978-1655

Please print all information—Signature required below

Employee Information

Name (Last, First, Middle Initial):	Employee ID Number:
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Address

Street Address:	City:	State:	Zip Code:
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Name of Spouse/Domestic Partner Whom Coverage Is Provided Through

Name (Last, First, Middle Initial):
Relationship:

Healthcare Coverage Verification

Must be completed by the Spouse's or Domestic Partner's Employer, your second employer or retiree benefits administrator.
If both you and your spouse/domestic partner are City employees, must be completed by the Employee Benefits Division.

Name of Insurance Company/Provider/Administrator:	Policy/Membership Number:
Health Plan/Insurance Telephone Number:	Name of Employer Offering Coverage:
Signature of Employer or Provider:	Date Signed:
Title:	Telephone Number:

Important!

If you waive coverage during this enrollment, you may later request coverage under a City-sponsored health plan only if you experience a qualifying family status change or during the employee benefits annual enrollment period.

*Send completed form and supporting documents to:
Employee Benefits Division, 200 N. Spring Street, Room 867, Los Angeles, CA 90012
(Located in City Hall; include "Mail Stop #621" if using inter-departmental mail)*

I certify that my dependents and I have health coverage under the employer health benefit plan listed above. I further certify that all information and documentation provided are true and accurate. I understand that any false, deceptive or otherwise improper act may result in the cancellation of my participation in the Cash-In-Lieu Program, and I may be considered ineligible for enrollment in any City health, dental, or other benefit plan.

Employee Signature Required Below

Day Time Phone Number:	Employee's Signature:	Date Signed:
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In addition to completing this form, you must go online at www.myflexla.com (click "Enroll in Benefits or Make Changes") and select Cash-In-Lieu during enrollment to receive Cash-In-Lieu. Call the Benefits Service Center at 800-778-2133 or 800-735-2922 if hearing or speech impaired if you need assistance. Si necesita ayuda en Español, por favor llame al 1-800-778-2133.

What is the Cash-In-Lieu option?

If you have health coverage through your spouse's or domestic partner's employer, through a second employer, or as a retiree from your previous employer, you may waive Flex health coverage and in return receive a taxable \$100 a month "Cash-In-Lieu." You may also be eligible for Cash-In-Lieu if you are enrolled in Medicare when you become eligible for Flex. With Cash-In-Lieu, you will receive an additional \$50 in taxable income in your paycheck each pay day. (Note that half-time employees hired after July 1989 receive one half of these amounts.)

Who is eligible?

To be eligible for this option you must be an active civilian employee of the City who:

- is compensated for at least forty (40) hours or more per pay period as a full-time employee or at least twenty (20) hours or more in a pay period if a half-time employee (excludes Part-Time, Intermittent, and like positions); and
- is a contributing member of the City Employees' Retirement System; and
- is not represented by an employee representation unit; or
- is eligible for membership in one of the employee representation units for which a City-sponsored health plan has been negotiated in a Memorandum Of Understanding (MOU);
- is a Port Police Officer (MOU 27 or MOU 38) and a member of Tier 5 of the Fire and Police Pension System; or
- is an Elected Official of the City or a full-time Member of the Board of Public Works.

When can I enroll?

Each fall, you have an opportunity to enroll for the following year. For instance, the Cash-In-Lieu Annual Enrollment Period for 2012 is October 1, 2011 through October 31, 2011. As a newly hired employee, you may select Cash-In-Lieu when enrolling in Flex within the period shown on your personal enrollment fact sheet.

How do I apply?

An employee who wants to participate in the Cash-In-Lieu option must go online at www.myflexla.com to select Cash-In-Lieu during enrollment and complete this affidavit (see other side) verifying coverage under another employer group health plan through a spouse or domestic partner and return it to:

*Employee Benefits Division, 200 N. Spring Street, Room 867,
Los Angeles, CA 90012
(Located in City Hall; include "Mail Stop #621" if using inter-departmental mail)*

When will the "Cash-In-Lieu" begin?

If you enroll during annual enrollment for 2012, participation is effective January 1, 2012. If you participate, your Flex health coverage will terminate December 31, 2011. Your first \$50 "Cash-In-Lieu" will be reflected in your gross wages on the paycheck you receive on January 11, 2012, for the pay period ending January 14, 2012. If you do not submit a Cash-In-Lieu Affidavit by December 15, 2011 for 2012 annual enrollment or within 60 days of a qualifying family status change that you have in 2012, your participation in Cash-In-Lieu will be canceled and you will be enrolled in employee-only health coverage.

If you enroll as a new hire, your first \$50 "Cash-In-Lieu" will be reflected in your gross wages within 2-3 pay periods after you enroll.

What if I change my mind?

Re-enrollment in a Flex health plan will be allowed only under the regular policies; if you experience a qualifying family status change (i.e., spouse/domestic partner loses health coverage) or during the Flex Annual Enrollment Period. A request for enrollment must be made within 30 calendar days following a qualifying family status change.

Questions?

If you have further questions, please contact the Employee Benefits Division at (213) 978-1655.

Si tiene preguntas adicionales, por favor llame a la División de Beneficios para Empleados: 213-978-1655.