CITY OF NEWPORT BEACH
Box 1768
Newport Beach, CA 92658-8915

HEALTH PLAN BENEFITS
ACTIVE
EMPLOYEE ELECTION FORM

Name:	**Social Security Number:**
Street Address:	**Work Phone Number:**
City, State, Zip Code:	**Home Phone Number:**
Date of Birth:	**Date of Hire:**

This sheet is used to select the employee health benefit options for which you are eligible as a City of Newport Beach Employee. **If enrolling you must also complete the enrollment applications required by the insurance carrier.** These forms are included in the enrollment packet.

HEALTH BENEFIT PLAN OPTIONS

For the 2021 plan year, the City's contribution varies depending upon your bargaining unit. You will be notified as to this amount during your New Hire Orientation.

Fill In Plan Selected, Check Appropriate Status for Each Line of Coverage

Medical
My Medical Plan Choice is:

_____

Single	Two Party	Family	Coverage Declined
[ ]	[ ]	[ ]	[ ]

(If choosing the Opt Out Program, proof of other group insurance is required.)

Dental
My Dental Plan Choice is:
[ ] MetLife DHMO
[ ] MetLife PPO ($3,000 Limit)

Single	Two Party	Family	Coverage Declined
[ ]	[ ]	[ ]	[ ]

Vision
Check Appropriate Box:
[ ] MetLife PPO Vision Plan

Single	Two Party	Family	Coverage Declined
[ ]	[ ]	[ ]	[ ]

(BENEFIT INFORMATION CONTINUES ON THE REVERSE SIDE OF THIS FORM)

FLEXIBLE SPENDING ACCOUNTS

Health Care Flexible Spending Account (FSA)

The Health Care Flexible Spending Account offers you a means of obtaining **pre-tax reimbursement** for eligible medical, dental and vision care expenses that are not covered by your health insurance plans. Contributions to this account must be used to pay for related services received during the 2021 plan year. Claims for the 2021 plan year must be received by the FSA administrator no later than March 31, 2022. Any money remaining in your account after March 31, 2022 will be forfeited.

My Annual Health Care Account Election Amount (minimum of $130, maximum of $2,750 annually)	**$**

Dependent Care Flexible Spending Account (FSA)

The Dependent Care Flexible Spending Account offers you a means of obtaining **pre-tax reimbursement** for dependent care expenses for a child or an elder you incur on eligible dependents. This dependent care expense is only covered if the expense allows you (and your spouse, if applicable) to continue working. Contributions to this account must be used to pay for dependent care expenses incurred during the 2021 plan year. Claims for the 2021 plan year must be received by the FSA administrator no later than March 31, 2022. Any money remaining in your account after March 31, 2022 will be forfeited.

My Annual Dependent Care Account Election Amount (minimum of $1,000, maximum of $5,000 annually, if married filing jointly or a single parent. Married participants filing separately are limited to $2,500 annually)	**$**

ACKNOWLEDGMENT SECTION

1. I understand that I cannot change my health plan elections or my flexible spending account elections (if applicable) until the next annual open enrollment period unless I have an eligible qualifying event or change in family status.

2. I understand that I must advise Human Resources, accompanied by the appropriate documentation, of any dependents that become ineligible as a result of divorce or exceeding the age limitation of the plan within 60 days of their change in status. I understand that failure to report ineligible dependents may result in the loss of their COBRA continuation rights. In addition, I may be responsible for premiums and claim expenses paid on behalf of ineligible dependents.

3. I understand that I must advise Human Resources, accompanied by the appropriate documentation, of any new dependents as the result of birth, adoption or placement for adoption, marriage, or a change in a spouse's employment, within 60 days of the event. Failure to provide notification will result in the dependent losing eligibility for coverage until the next open enrollment.

Date

Employee Signature

Your enrollment will not be finalized** **until the enrollment forms are submitted and accepted by the insurance carrier. Failure to complete the required forms will void any elections you make.