



## Contra Costa Community College District

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Campus: \_\_\_\_\_

### Cash Election

I acknowledge that **I Have Submitted an Affidavit of Other Health Insurance Coverage** and consequently elect to waive my Health Insurance benefits through the Contra Costa Community College District. By waiving this benefit, I understand that I will receive a monthly amount in taxable earnings equal to the Kaiser single rate effective during the term of this agreement.

***This agreement will not be implemented until the appropriate documentation has been received and verified.***

### Election Authorization

By signing this agreement, I understand the following provisions:

The above election ***may not be changed*** except during Open Enrollment, or upon a change in my family status such as:

- Marriage/Divorce
- Birth/Death
- Commencement/Termination of Spouse's Employment Change in Employment Status, the employee or spouse Taking an unpaid Leave of Absence; or a significant change in the Health Coverage of the Employee or Spouse.

Election changes must be made within 30 days of the event.

**Written notification must be received in district payroll services in order to terminate this election.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***Please note: Cash election will not start until the first of the month after the date of signature.***