



ANNUAL City of Berkeley Benefits Option: 2024 CASH-IN-LIEU of benefits
 Participation Agreement and Disclosure Statement for January 1, 2024 through December 31, 2024

Logon/register at <https://www.benefitbridge.com/cityofberkeley> and enroll in 2024 Cash-in-Lieu.
 Complete and submit this form with proof of other coverage to Payroll Audit by Wednesday, November 15, 2023.

Last name, First Name: _____ Employee #: _____
 Department: _____ Work Phone #: _____
 Last 4 of Social Sec.#: _____ Union Local: _____ Home Phone #: _____
 Full Time: _____ Email address: _____
 Part Time: _____ % _____ @ _____

Dental Cash-in-Lieu
 Medical Cash-in-Lieu

What is your Other MEDICAL and/or DENTAL INSURANCE? ATTACH PROOF of other coverage with your name	
Subscriber is: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Self <input type="checkbox"/> Parent	Subscriber's Name:
If "Self", individual coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's Employer:
Subscriber Employer's Address:	
Telephone # (Personnel Office):	
MEDICAL Insurance Company:	
Medical Group Number:	City Employee's Medical I.D. Number:
DENTAL Insurance Company:	
Dental Group Number:	City Employee's Dental I.D. Number:
I authorize the release of information to the City of Berkeley to confirm or deny my medical and/or dental insurance covers the above listed City of Berkeley employee.	
Subscriber's Signature: _____	Date: _____
PROOF can be a print-out with City EMP's NAME & coverage type or City EMP's medical and/or dental card.	

I hereby waive insurance plan coverage through the City of Berkeley and apply to exercise my option, as an employee of the City of Berkeley, to receive an in-lieu-of-benefits payment in cash based on the rates in my Union agreement or Unrepresented Manual and prorated by my percent time.

TAXABLE INCOME: Bi-weekly in-lieu payments are reported as taxable income & reflected in withholding contributions on my paycheck.

Current employees choosing to elect this option during the City's Annual Open Enrollment: I understand that any medical and/or dental plan coverage that I currently have through the City of Berkeley will expire at midnight on December 31, 2023.

Disclosure Statement

Employees who have opted for the cash-in-lieu option may be eligible to re-enroll in City of Berkeley medical or dental plans only during the annual Open Enrollment period or within 30 days of the following events:

- Family Unit change due to marriage, birth, or adoption
- Loss of other coverage
- Court or administrative order
- Reemployment after Military service

I understand that this Participation Agreement and Disclosure statement with proof of other medical and/or dental coverage expires on December 31, 2024, and in order to continue to qualify for this option, I must annually enroll using the online BenefitBridge system and submit a Cash-in-Lieu form with updated proof of other medical and/or dental coverage during the Open Enrollment period. Failure to do so will result in automatic ineligibility, and the in-lieu payments will be terminated for the next calendar year. I further attest that all members of my family have or will have minimum essential coverage (**excluding** individual coverage) for the period covered by this Participation Agreement Disclosure Statement.

I therefore and hereby agree to all terms and conditions as contained in this Participation Agreement and Disclosure Statement and that the terms and conditions are fully understood. I further certify that the information furnished is true and correct and understand that falsification of this form may result in disciplinary action and repayment of cash-in-lieu payments.

 Participating Employee Signature

 Date