

## Associated Students, Incorporated - California State University – Long Beach

**FLEX CASH ENROLLMENT AUTHORIZATION**

Please type or use ball point pen, print clearly – return completed form to ASI Office

<b>1. CHECK APPROPRIATE BOX</b>  A. <input type="checkbox"/> Annual or Newly Eligible Enrollment B. <input type="checkbox"/> Change Due to Permitting Event C. <input type="checkbox"/> Cancellation	<b>2. Social Security Number</b>  _____	<b>3. Marital Status</b>  <input type="checkbox"/> Married <input type="checkbox"/> Single																		
<b>4. Name (first, initial, last)</b>  _____																				
<b>5. Plan Elections – Refer to the Flex Cash enrollment brochure for cash option election information.</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Cash Option Type</th> <th style="text-align: left; width: 15%;">Pay Period</th> <th style="text-align: left;">Instructions for Completing Cash Option Elections</th> </tr> </thead> <tbody> <tr> <td>A. Cash in lieu of medical insurance</td> <td>\$ _____</td> <td>If you are electing the medical cash option in lieu of medical insurance, enter the monthly cash amount in item A, otherwise enter "none."</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; height: 10px;"></td> </tr> <tr> <td>B. Cash in lieu of dental insurance</td> <td>\$ _____</td> <td>If you are electing the dental cash option in lieu of dental insurance, enter the monthly cash amount in item B, otherwise enter "none."</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; height: 10px;"></td> </tr> <tr> <td>C. Total Cash Option</td> <td>\$ _____</td> <td>In item C enter the total monthly cash amount (sum of the amounts entered in items A and B.)</td> </tr> </tbody> </table>			Cash Option Type	Pay Period	Instructions for Completing Cash Option Elections	A. Cash in lieu of medical insurance	\$ _____	If you are electing the medical cash option in lieu of medical insurance, enter the monthly cash amount in item A, otherwise enter "none."				B. Cash in lieu of dental insurance	\$ _____	If you are electing the dental cash option in lieu of dental insurance, enter the monthly cash amount in item B, otherwise enter "none."				C. Total Cash Option	\$ _____	In item C enter the total monthly cash amount (sum of the amounts entered in items A and B.)
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<b>6. Statement of other Medical and/or Dental Coverage</b> This section <b>must be completed</b> if you choose cash instead of your own ASI medical and/or dental insurance plans.  <hr/> <i>I certify that I am covered by another non-ASI medical and/or dental insurance plan(s). I certify that I will maintain coverage in this medical and/or dental insurance plan(s) on an ongoing basis and I agree to notify the ASI Human Resources office within 60 days if I lose coverage under this medical and/or dental insurance plan(s).</i>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">A. Medical insurance carrier's name</td> <td style="width: 20%; border-bottom: 1px solid black;">Policy Number</td> <td rowspan="2" style="width: 50%; vertical-align: top; padding: 5px;">           Complete this section <b>ONLY</b> if your "other " medical and/or dental insurance coverage is through your spouse's plan(s).             Spouse's Social Security Number: _____         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">B. Dental insurance carrier's name</td> <td style="border-bottom: 1px solid black;">Policy Number</td> </tr> </table> <p><i>I have reviewed the brochure describing the Associated Students optional Flex Cash Plan, including the legal definitions and change in benefit election limitations authorized under Section 125 of the Internal Revenue Service (IRS) Code. I understand that regulations under the IRS Code require that my benefit choices authorized by this election form are irrevocable during this plan year unless I have a "Change of Family Status" as defined in these regulations or other permitting events as described in the enrollment brochure. I understand that my FlexCash enrollment in lieu of medical and/or dental coverage will continue from year to year until I complete a new FlexCash Enrollment or Cancellation form.</i></p> <p>I have read and agree to the terms and conditions of the FlexCash Program as outlined on this enrollment form and in the FlexCash Brochure.</p> <p>Employee's Signature _____ Date Signed _____</p>			A. Medical insurance carrier's name	Policy Number	Complete this section <b>ONLY</b> if your "other " medical and/or dental insurance coverage is through your spouse's plan(s).  Spouse's Social Security Number: _____	B. Dental insurance carrier's name	Policy Number													
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<b>FOR ASI HUMAN RESOURCES USE ONLY</b>																				
<b>7. Effective Date of Action (M/D/Y)</b>  _____	<b>8. Permitting Event (check one)</b> <input type="checkbox"/> Open Enrollment Option <input type="checkbox"/> New Hire	<b>9. Date (M/D/Y)</b>  _____																		
<b>10. Health Form Attached (HBD12)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>11. Dental Form Attached (STD 692)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>16. Remarks:</b>  <div style="height: 100px;"></div>	<b>17. ASI Human Resources Authorization</b>  Signature _____  Date _____																			
<b>18. Telephone Number</b>  _____																				
<b>19. Date received in HR Office (M/D/Y)</b>  _____																				

## FLEX CASH PLAN OVERVIEW

The ASI offers a Flex Cash plan to help you tailor your benefit package needs. If you have medical, and/or dental coverage outside the ASI, the Flex Cash Plan will pay you cash in lieu of coverage.

### WHAT IS FLEX CASH?

Cash is an optional benefit plan that allows you to waive ASI medical and or dental coverage in exchange for cash, ***provided you are covered by another medical and or dental plan.*** If you waive medical and/or dental insurance coverage, you will receive additional cash in your paycheck. The Flex Cash payment is treated as taxable income and is subject to the same payroll taxes as your regular salary. However, Flex Cash will not be considered compensation for PERS Retirement. **If you decide to join the Flex Cash Plan, you will be required to certify on the Flex Cash Enrollment Authorization form that you have alternative medical and or dental coverage.**

### WHO IS ELIGIBLE?

You are eligible for the Flex Cash plan if:

- You meet the eligibility requirements for the ASI's medical and dental benefits;
- You have other, non-ASI, medical and dental coverage through an individual policy, private group coverage, or coverage related to you or your spouse's employment outside of the ASI.

### WHEN CAN I ENROLL?

You may enroll during the open enrollment period each year designated by ASI. Flex Cash will continue each plan year unless you:

- Complete forms to enroll in a medical and or dental coverage during subsequent Open Enrollment periods or,
- Within 60 days of a family status change.

### CAN I CHANGE MY ELECTION DURING A PLAN YEAR?

You may not start or stop your Flex Cash election in the middle of a plan year, except for allowable family status changes as defined by the Internal Revenue Service regulations. If allowable changes occur, you can make the following changes by completing a new Flex Cash Enrollment Authorization form within 60 days of the status change:

- If you had chosen cash, you may now elect to have medical and or dental coverage;
- If you had elected medical and or dental coverage, you may now choose the Flex Cash Option.

### WHAT IS A FAMILY STATUS CHANGE?

Allowable family status changes include:

- Marriage or divorce;
- Death of a spouse or dependent or loss of eligible dependent status;
- Birth or adoption of a child;
- Termination or commencement of spouse's employment;
- Change of full-time to part-time employment, either you or your spouse, and if that change affects your medical and or dental coverage;
- Gain or loss of alternative non-ASI medical or dental coverage.

### WHAT IF I GO ON LEAVE OF ABSENCE WHILE ENROLLED?

Flex Cash payments continue if you are on a paid leave of absence, but when you take a non-paid leave of absence, then payment from the Flex Cash Plan will stop until you return to active status.

### WHAT IF I SEPARATE FROM EMPLOYMENT WITH THE ASI WHILE I AM ON THE FLEX CASH PLAN?

If you elected to participate in the Flex Cash Plan and have waived your coverage for the ASI's medical and/or dental plan, you have also waived your Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation rights as well. This means that you will not be able to continue in the ASI's group medical and or dental coverage if you are separated from your ASI employment.

### WHAT IF I RETIRE WHILE ENROLLED IN FLEX CASH?

Flex Cash payments stop when you retire. You will have 30 days following retirement to enroll in any CalPERS medical plan. If you do not enroll within the 30-day time period you must wait until the next open enrollment period.

**WHAT IF I DIE WHILE ENROLLED?** If you are married and you have waived your medical coverage under the Flex Cash Plan, and you subsequently die without coverage, your surviving spouse and or dependents will not have the right to continue medical coverage as part of the CalPERS surviving spouse benefit package. This will not affect your spouse's eligibility for other CalPERS monthly retirement allowances or benefits.