



SAN JUAN COUNTY  
 IRS 125 FLEXIBLE BENEFITS ELECTION  
 AUTHORIZATION & ENROLLMENT FORM

Employee Name: \_\_\_\_\_ EE # \_\_\_\_\_  
 Department: \_\_\_\_\_ HIRED 9/6/2022 L4SSN \_\_\_\_\_

I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for the coverage(s) shown and elected below. Such reductions, considered as elective contributions under the plan, shall commence with my paycheck as stated below. I understand that the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code. I also understand that only benefits listed in the County's Benefits Plan Document are available. I understand that the selection of a benefit does not guarantee dependent eligibility and the selected premium to be paid does authorize my inclusion in the benefit plan selected. This election form will remain in effect and cannot be revoked or changed, with the exception of open enrollment, unless the revocation and new election are on account of and consistent with a change in family status (e.g. marriage, divorce, death of spouse or child, birth or adoption of a child, or loss of coverage for an eligible dependent) if made and reported within the 30-day change in status reporting window and paid premium owed.

<b>Coverage Start:</b>	<b>11/14/2022</b>	<b>Deduction(s) Start:</b>	<b>11/4/2022</b>
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**You must complete your MSS enrollment and return these forms no later than: 10/6/2022**

Select Medical Coverage Tier	Select Dental Coverage Tier	Select Vision Cover Tier
Employee Only <input type="checkbox"/> <b>\$68.55</b>	Employee Only <input type="checkbox"/> <b>\$10.26</b>	Employee Only <input type="checkbox"/> <b>\$3.00</b>
Employee + C (1 or more) <input type="checkbox"/> <b>\$137.03</b>	Employee + 1 QD <input type="checkbox"/> <b>\$34.87</b>	Employee + 1 QD <input type="checkbox"/> <b>\$6.00</b>
Employee + Spouse <input type="checkbox"/> <b>\$143.87</b>	Family (2 + QDs) <input type="checkbox"/> <b>\$47.49</b>	Family (2 + QDs) <input type="checkbox"/> <b>\$12.00</b>
Family (E, S, & C) <input type="checkbox"/> <b>\$180.08</b>	* E = Employee   S = Spouse   C = Child   QD = Qualifying Dependent	
The election made above enrolls you and qualifying dependents in Medical and Prescription Coverage.	The election made above enrolls you and qualifying dependents in Dental Coverage.	The election made above enrolls you and qualifying dependents in Vision Coverage.

<b>Only check the benefit boxes to the right, if you are waiving Medical Coverage and want to enroll in Group Basic Life and/or Short-term Disability Employee Only. This is NOT Medical Coverage.</b>	Group Basic Life & AD&D Employee Only <input type="checkbox"/> <b>\$0.77</b>
	Group Short-term Disability Employee Only <input type="checkbox"/> <b>\$0.86</b>
	Combined Basic Life & Short-term Employee Only <input type="checkbox"/> <b>\$1.63</b>

\* I understand that the elections made on this form must match the elections in made in MSS.  
 \* If I change any elections in MSS, I must contact benefits and complete a new IRS-125 form.  
 \* My signature hereby authorizes payroll to deduct the selected coverages from my check per pay period.

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I AM WAIVING ALL BENEFIT ENROLLMENTS AT THIS TIME, I UNDERSTAND THAT I WILL NOT BE COVERED BY ANY GROUP INSURANCES AND THAT I WILL BE LOCKED INTO THIS WAIVER UNTIL THE NEXT OPEN ENROLLMENT OR I EXPERIENCE A QUALIFYING LIFE EVENT.

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

HUMAN RESOURCES USE ONLY							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Hire</td> <td style="width: 50%;">Munis Start Date</td> </tr> <tr> <td></td> <td style="text-align: center;">10/17/2022</td> </tr> <tr> <td colspan="2">Notes:</td> </tr> </table>	New Hire	Munis Start Date		10/17/2022	Notes:		Posted by: _____ Date Posted: _____
New Hire	Munis Start Date						
	10/17/2022						
Notes:							

Employee Name (Please Print Legibly):

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Under the terms of the San Juan County Employee Benefit Plans, the Plan has the right to coordinate its payments of benefits with all other plans and policies that may cover the same expense.

To avoid claim delays in asking for this information at the time a claim is submitted, we will ask for this annually, during open enrollment and if necessary when a claim is filed. Should your family status change and a member become entitled to other coverage, you should contact Tall Tree Administrators (877-453-4201) to update coordination of benefit information.

It is also very important to use the correct insurance when you receive care. The Plan Document defines the Order of Benefit Determination.

If you have other insurance through Medicare, Medicaid, Veteran’s Affairs (VA), Indian Health Services (IHS), or any other governmental organization and you have coverage with San Juan County then San Juan County IS the PRIMARY PAYER and the other government plan IS the SECONDARY PAYER. You should always provide both your San Juan County and other insurance identification cards to each provider so that claims can be submitted and paid in a timely manner.

The Plan has a 90-day filing limit, however the government has up to 8 years to come back for repayment of incorrect benefits paid. That is why it is very important that you do not use government plans as your primary insurance!

Other Health Plan Information:

( ) Neither, I, nor any participating dependents have other insurance coverage for medical, dental, and/or vision.

( ) Information regarding coverage under other health plans is given below:

Name of Member with Other Insurance Coverage	Effective Date	OI Coverage Type
Example: James Doe	1/1/2018	Medicare Part A & B

Employee Signature

Date Signed

## KEEP - IMPORTANT DATES AND INFORMATION TO REMEMBER

Turn in paper IRS-125 form by:	<u>10/6/2022</u>
Turn in paper supplemental benefit forms by:	<u>10/6/2022</u>
Complete Benefit Enrollment Selections in MSS by:	<u>10/6/2022</u>
Your first deduction for elected/enrolled Medical, Dental, and/or Vision will be:	<u>11/4/2022</u>
First day you can use elected/enrolled Medical, Dental, and/or Vision Benefits is:	<u>11/14/2022</u>
Selected and enrolled Supplemental Benefits will begin:	<u>11/1/2022</u>
Premium for enrolled supplemental benefit will be:	<u>11/3/2022</u>

\*If you do not receive your insurance cards by your benefit start date, please contact Benefits at 505-334-4507 or lindsey.ward@sjcounty.net

Once your initial enrollment period ends, whatever election(s) you did or didn't make will be locked in until the next Open Enrollment or you experience and report a life event.

Life events are marriage, divorce, birth, adoption, death, loss of other coverage, other as determined eligible. You have 30 days from the day of the life event occurred to inform benefits.

### Eligible Dependents

- ▶ Legal spouses [must verify with marriage license/certificate] (Common Law Marriage is not recognized in NM) or Domestic Partnership with a signed affidavit (DP not eligible for pretax benefit deduction).
- ▶ Dependent children [must verify with birth certificate, or requested legal document] (are natural, adopted, step, or legal guardianship).
  - For all enrolled dependents, you must show or provide the Social Security Card for IRS reporting and verification purposes.

### PERA (Public Employee Retirement Assoc.) – MANDATORY and may not be changed or modified.

#### Beneficiaries

- ☑ If you are married, your beneficiary **MUST** be your spouse unless spouse signs a Spousal Consent Form authorizing the designation of another person.
- ☑ Can only be one person. You cannot split between more than one person on form.
- ☑ Refund is a one-time lump sum to person or organization.
- ☑ Survivor is a calculated monthly benefit received for beneficiary's lifetime.
- o Documents required for PERA
  - ☑ If you are divorced, you **MUST** provide a copy of the front page of your filed divorce decree.
  - ☑ If you are married, you **MUST** provide marriage certificate.