

COMPLETE THIS FORM ONLY IF YOU PARTICIPATE IN THE HDHP

2012 HIGH DEDUCTIBLE HEALTH PLAN (HDHP) ELECTION FORM AND HSA CONTRIBUTION ELECTION FORM

I hereby elect to participate in the premium Payment Option Plan (POP Plan) offered by Teller County. By electing the Premium Payment Option, I understand my contributions of the County-sponsored group insurance premiums will be deducted from my payroll on a pre-tax basis.

I understand that elections for the POP Plan **are binding for a full Plan Year** and that participants may make a new election only if there is a qualifying event. Contact HR immediately upon experiencing a qualifying event. Examples of a qualifying event may include:

- * Marriage or divorce
- * Death of employee's spouse or dependent
- * Birth or adoption of a child
- * Termination or commencement of spouse's employment
- * Change from part-time to full-time employment status (or vice versa) by either employee or employer
- * Unpaid leave of absence by either employee or employer
- * Significant change in health coverage of employee or spouse attributable to spouse's employment.

You have only thirty days to make a change based on a qualifying event. In addition, if there is a significant increase in premium costs or significant change in insurance coverage, an employee may revoke an election under the POP Plan.

When would you like this change to be effective? _____
Date

Print employee full name _____

I elect to participate in the High Deductible Health Plan.

- _____ Single coverage (no charge)
- _____ Employee + 1 coverage (\$25/month)
- _____ Employee + 2 (or more) coverage (\$50/month)

HDHP w/ HSA CONTRIBUTION ELECTION:

Enter amount you would like to contribute to your Health Savings Account (H.S.A.) per pay period (in addition to the County's contribution). This amount may be changed any time during the year (frequency subject to Payroll).

\$_____ Per pay period into my HSA (Can be zero)

_____ Employee Only _____ Family

Employee Signature _____ Date __/__/__

_____ New enrollment _____ Change of existing enrollment