Cash Payment/Authorized Insurance Option
Participation Agreement and Disclosure Statement

Name		Social Security Number	
Department		Phone No.	

I hereby apply to exercise my option, as an Employee of the City of Oakley to receive an in-lieu payment in cash, equal to the City's contribution as indicated below:

Full Time		Part Time		% of FTE	
Medical Benefit Amount			$		

Disclosure Statement
I am fully aware of the following terms and conditions under which this option operates and to which I am subject in agreeing to participate in the option. The terms and conditions are outlined below.

1. I certify that I have alternative coverage.
   Name of Insurance ______________________ Group/Policy No. ______________________
2. I have attached a copy of my Proof of Alternate Coverage.
3. The in-lieu payments will be distributed to me on a bi-weekly basis and that these payments are reported as taxable income that will be reflected in withholding contributions on my paycheck
4. The monthly medical payments made to me will be the equivalent of the Council Approved contribution or pro-rated amount based on the percentage of full-time equivalency.
5. The choice to withdraw or renew my membership in the Option may only be made during the City's Annual Open Enrollment period. Exception to this rule may only be made under circumstances in which my alternative coverage is terminated for any reason.
6. Current employees choosing to elect this option during the City's Annual Open Enrollment: Insurance coverage under the plan will no longer be in effect beyond the effective date of this option; 12:01 am on January 1 of the plan year.
7. I agree to all terms and conditions contained in this Participation Agreement and Disclosure Statement and the terms and conditions will remain in effect for one year from the effective date of this agreement. I further certify that the information furnished is true and correct.

______________________ ______________________
Participating Employee City Manager

______________________ ______________________
Dated Dated

______________________ ______________________
Finance Human Resources

______________________ ______________________
Dated Dated