

CAL POLY

CORPORATION

CASH-IN-LIEU PARTICIPATION ELECTION FORM

January 1, 2020 through December 31, 2020

Employee:

(Please print or type)

I hereby elect to enroll in the following benefit plans:

CASH IN LIEU OF INSURANCE

I hereby certify that I have Large Group medical coverage elsewhere and elect cash-in-lieu of benefits, split between the first two pay periods of the month. Taxable dollars I elect to receive instead of the following insurance coverage(s) are:

Medical \$200 per month

Dental \$15 per month

Vision \$10 per month

I understand that:

- I cannot change the above elections during the Plan Year unless I experience a “qualifying event”.
- This election replaces any previous elections and will terminate on the earlier of:
 - (1) when I am no longer being paid CPC compensation;
 - (2) termination of my employment; or
 - (3) termination of the plan.
- Cash in lieu of elections will continue automatically unless you cancel.
- My employer may reduce or cancel this election, if necessary, to comply with provisions of the Internal Revenue Code.
- I cannot use medical cash-in-lieu compensation to purchase medical insurance on the ACA health insurance exchange, Medicare or to purchase an individual medical policy.

By signing below, I certify that I, and all dependents in my tax family, have alternative medical insurance coverage that provides at least minimum essential coverage and is affordable (as defined by ACA).

Employee Signature:
Date:
Name of Current Large Group Insurance Carrier and Group/Policy #:

* Copy of Large Group Insurance Card required as proof of existing coverage