

# Cash-In-Lieu Affidavit For Sworn Employee

Please print all information—Signature required below

## EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)		Employee ID Number	
Street Address	City	State	Zip Code

<b>For Cash-In-Lieu coverage with:</b>	<ul style="list-style-type: none"> <li>• Spouse/Domestic Partner – <u>Complete Section A &amp; B</u></li> <li>• A second/former employer or retiree benefit – <u>Complete Section B only</u></li> <li>• Medicare or TRICARE – <u>Complete Section C only</u></li> </ul>
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## A NAME OF SPOUSE/DOMESTIC PARTNER WHOM COVERAGE IS PROVIDED THROUGH

<b>A</b>	Name (Last, First, Middle Initial)	Employee ID of Spouse/DP <i>(Only for City employees)</i>
	Relationship:	

## B HEALTHCARE COVERAGE VERIFICATION

Must be completed by the Spouse's or Domestic Partner's Employer, your second employer or retiree benefits administrator. If both you and your spouse/domestic partner are City employees, must be completed by the Employee Benefits Division.

<b>B</b>	Name of Insurance Company/Provider/Administrator		Policy/Membership Number
	Health Plan/Insurance Telephone Number	Name of Employer Offering Coverage	
	Name of Authorized Signer	Signature of Employer or Provider	Date Signed
	Title	Telephone Number	

## C GOVERNMENT INSURANCE

<b>C</b>	Indicate program and provide the required enrollment proof	<input type="checkbox"/> MEDICARE – Attach a copy of your Medicare Card
		<input type="checkbox"/> TRICARE – Attach Proof of Insurance Letter <a href="http://www.tricare.mil/Plans/Eligibility/DEERS/milConnect/Proof">www.tricare.mil/Plans/Eligibility/DEERS/milConnect/Proof</a>

**IMPORTANT!**

If you enroll into Cash-in-Lieu, you may later request coverage under a City-sponsored health plan only if you experience a qualifying life event change or during a civilian Open Enrollment period

**Send completed form and supporting documents to:**

**Mail:** Employee Benefits Division, City Hall, 200 N. Spring Street, Room 867, Los Angeles, CA 90012  
*(For inter-departmental mail: use "Mail Stop #621")*

**Email:** [per.empbenefits@lacity.org](mailto:per.empbenefits@lacity.org) **Fax:** 213-978-1623

## EMPLOYEE SIGNATURE REQUIRED BELOW

*I certify that my dependents and I have health coverage under the health benefit plan listed above. I further certify that all information and documentation provided are true and accurate. I understand that any false, deceptive or otherwise improper act may result in the cancelation of my participation in the Cash-In-Lieu Program, and I may be considered ineligible for enrollment in any City health, dental, or other benefit plan.*

Day Time Phone Number	<u>Employee's Signature</u>	Date Signed
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*In addition to completing this form, you must go online at [www.keepingLAwell.com](http://www.keepingLAwell.com) (click "Enroll in Benefits or Make Changes") and select Cash-In-Lieu during enrollment to receive Cash-In-Lieu. Call the Benefits Service Center at 800-778-2133 or 800-735-2922 if hearing or speech impaired if you need assistance. Si necesita ayuda en Español, por favor llame al 1-800-778-2133.*

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## What is the Cash-In-Lieu option?

If you have health coverage through your spouse's or domestic partner's employer, through a second employer, as a retiree from your previous employer, or through Medicare or TRICARE, you may receive a taxable \$100 a month "Cash-In-Lieu."

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## Who is eligible?

To be eligible for this option you must be an active sworn employee of the City who:

- is **not enrolled** as a primary member in any health plan with the City, Union, or other Association (but you may be enrolled in one of these plans as a dependent of another City employee); and
- is compensated for at least forty (40) hours or more per pay period as a full-time; and
- is a contributing member of the Fire and Police Pension Plan; and
- is eligible for membership in one of the employee representation units for which a City-sponsored health plan has been negotiated in Memorandum Of Understanding (MOU)

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## When can I enroll?

Each fall, during Open Enrollment, you have an opportunity to enroll for the following calendar year. During the year you may enroll only if you have a qualifying life event.

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## How do I apply?

An employee who wants to participate in the Cash-In-Lieu option can go online at [www.keepingLAwell.com](http://www.keepingLAwell.com) to select Cash-In-Lieu during open enrollment and complete this affidavit (see other side) verifying coverage under another employer group health plan, through a spouse or domestic partner, or Medicare/TRICARE and return it to:

**Employee Benefits Division, 200 N. Spring Street, Room 867, Los Angeles, CA 90012**

(Located in City Hall; include "Mail Stop #621" if using inter-departmental mail)

**Email:** [per.empbenefits@lacity.org](mailto:per.empbenefits@lacity.org)

**Fax:** 213-978-1623

Approval of your Cash-in-Lieu Affidavit is subject to review and verification by the Employee Benefits Division and your participation in the Cash-in-Lieu program may also be canceled based on the information you provide on your Affidavit

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## When will the "Cash-In-Lieu" begin?

If you enroll during Open Enrollment, participation is effective the following January 1. Your first "Cash-In-Lieu" payment will be reflected in your gross wages on the first paycheck you receive in January. However, if you do not submit a Cash-In-Lieu Affidavit by the December 11, 2018 deadline, your participation in Cash-In-Lieu will be canceled.

If you enroll as a new hire or a qualifying life event, your first "Cash-In-Lieu" payment will be reflected in your gross wages within 2-3 pay periods after you enroll. However, if you do not submit a Cash-In-Lieu Affidavit within the 60 day deadline, your participation in Cash-In-Lieu will be canceled.

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## What if I change my mind?

Re-enrollment in a LAwell health plan will be allowed only under the regular policies; if you experience a qualifying life event change (i.e., spouse/domestic partner loses health coverage) or during the LAwell Open Enrollment Period. A request for enrollment must be made within 30 calendar days following a qualifying life event change.

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## Questions?

If you have further questions, please contact Maria Lopez in the Employee Benefits Division at (213) 978-1584. Si tiene preguntas adicionales, por favor llame a la División de Beneficios para Empleados: 213-978-1584.