

ASEA/AFSCME LOCAL 52 HEALTH BENEFITS TRUST
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WWW.ASEAHEALTH.ORG

DEFERRAL OF HEALTH INSURANCE COVERAGE FORM
(Seasonal Employees Only)

NAME: _____

SSN#: _____ HIRE/RTW DATE: _____

ADDRESS: _____

TELEPHONE (WK): _____ (HM): _____

Email (optional): _____

I understand that by signing this form I am electing to have my group health coverage insurance deferred. I also understand that this will have no effect on any optional coverage I may have elected (i.e Health Care Reimbursement Account). Finally I understand that **this election is irrevocable.**

Signature: _____ Date: _____

The DEFERRAL OF HEALTH INSURANCE COVERAGE FORM must be postmarked, or faxed to the ASEA/AFSCME Local 52 Health Benefits Trust, within 30 days of the date you start seasonal employment, or, return to work from seasonal leave. You must also give a copy to your Departmental Personnel Office

WHAT IS A DEFERRAL?

New Employee

As a newly hired seasonal employee your health coverage takes effect the 1st day of the month following 30 consecutive days in paid status, provided you have health benefits contributions reported to the Trust on your behalf. Once you have established eligibility, your coverage remains in effect through the last day of the month in which you were last in pay status or in which you began seasonal overtime conversion. You have the option to defer your coverage one calendar month. By completing this form, the effective date of your coverage will be delayed by one month and your coverage will extend one month past the date your coverage would otherwise terminate. (See example below)

New Employee Example

Employee starts employment on 7/15/04 eligibility will take effect 9/1/04 which is the 1st day of the month following 30 consecutive days in paid status. If the employee completes a deferral of coverage form, the coverage effective date is deferred one month and coverage now becomes effective 10/1/2004. The employee then takes seasonal leave without pay 11/16/04, coverage continues through 11/30/04, and then the employee receives the month of December 2004 per the deferral. This employee was then eligible for health benefits October, November, and December 2004.

Return-to-Work Seasonal

As a returning seasonal employee, your health insurance coverage is effective on the first day of the period for which you and your employer make health benefit contributions to the Trust. Your coverage remains in effect through the last day of the month in which you were last in pay status or in which you began seasonal overtime conversion. You have the option to defer your coverage one calendar month. By completing this form, the effective date of your coverage will be delayed by one month and your coverage will extend one month past the date your coverage would otherwise terminate. (See example below)

Seasonal Example

Employee returns to work on 7/15/04 and the state and the participant pay prorated contributions for coverage beginning 7/15/04. The employee goes back on seasonal leave without pay again on 9/20/04. If the employee completed a deferral of coverage form, coverage would begin 8/15/04, (instead of 7/15/04, prorated contributions are paid based on the 7/15/04 return to work date) and would continue through 10/31/04 (instead of terminating 9/30/04, the last day of the month in which you were last in pay status or in which you began seasonal overtime conversion).

NOTE: A deferral is used once an employee takes SLWOP, and cannot be carried over into the next return to work period. Seasonal employees must sign a new deferral each time they return to work from SLWOP.