

**DEFERRAL OF HEALTH BENEFITS FORM**  
**(Seasonal Employees Only)**

**WHAT IS A DEFERRAL?**

**For New Employees:**

As a newly hired seasonal employee your health benefits take effect on the 1<sup>st</sup> 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. A deferral gives you 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.)

**For Return to Work Employees:**

As a returning seasonal employee, your health benefits take effect on the first day of the period for which you and your employer make health benefits 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. A deferral gives you the option to defer your coverage one calendar month. By completing this form, the effective date of your coverage will be delayed by one calendar month and your coverage will extend one calendar month past the date your coverage would otherwise terminate. (See example below.)

**Examples of How a Deferral Works**

|                              | New Employees |               | Employees Returning to Work |               |
|------------------------------|---------------|---------------|-----------------------------|---------------|
|                              | No Deferral   | With Deferral | No Deferral                 | With Deferral |
| Hire date:                   | 3/8/2010      | 3/8/2010      | N/A                         | N/A           |
| Return to work date:         | N/A           | N/A           | 4/21/2010                   | 4/21/2010     |
| Effective date of coverage:  | 5/1/2010      | 6/1/2010      | 4/21/2010                   | 5/21/2010     |
| First day of seasonal leave: | 8/16/2010     | 8/16/2010     | 9/5/2010                    | 9/5/2010      |
| Coverage termination date:   | 8/31/2010     | 9/30/2010     | 9/30/2010                   | 10/31/2010    |

***If you would like to have your coverage deferred for this work period complete the information below.  
 Be sure to complete the form entirely and print clearly.***

Name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Hire Date or Return to Work Date **(Required)**: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**By signing below** I understand that I am electing to have my health benefits deferred. I also understand that this will have no effect on any optional coverage I may have elected (i.e. Health Care Reimbursement Account). Additionally I understand that a deferral is used once I take seasonal leave without pay, and cannot be carried over into the next return to work period. I must sign a new deferral for each time I return to work if I wish to have my benefits deferred.

**Finally, I understand that this deferral cannot be revoked.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The DEFERRAL OF HEALTH BENEFITS 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. It is your responsibility to get this form to the Trust timely.*

**Please Note: A deferral is used once an employee takes SLWOP (Seasonal Leave Without Pay), 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 and want to defer their health benefits coverage.**