



www.sbcers.org

Santa Barbara County Employees' Retirement System

ELECTION TO POOL HEALTH INSURANCE SUBSIDIES

In the event that two SBCERS retirees are married to each other or are registered domestic partners, are enrolled in the same Plan-Sponsored Health Insurances, and are both eligible for a health insurance subsidy, the subsidy amounts may be "pooled" (or combined) and applied toward the premium cost for two-party or family coverage on the first available date following SBCERS' receipt of this completed, signed election form.

Plan Sponsor: County of Santa Barbara Pooling Effective Date: _____
 Santa Barbara Superior Court

By our signatures below, we agree that we meet the conditions stated below and elect to have the separate health insurance subsidies combined into a single subsidy. We certify that we meet the following conditions:

- We are both SBCERS beneficiaries eligible to receive a health insurance subsidy, and
- We are married to each other or are registered domestic partners, and
- We are both eligible for the same Plan-Sponsored health insurances, and
- We are enrolled in the same medical, dental and/or vision plans.

We understand that if either of us drops coverage from the insurance plan(s) we are in, this election will be cancelled and individual subsidies will be re-established.

PRIMARY INSURED:

Combined subsidies will be credited to and insurance premiums will be deducted from this person's monthly allowance.

Name: _____ SSN: _____

Signature: _____ Date: _____

DEPENDENT INSURED:

This person will be the dependent on the Primary Insured's insurance coverage.

Name: _____ SSN: _____

Signature: _____ Date: _____