

CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION FLEXCASH ENROLLMENT AUTHORIZATION

Please send completed form to the Human Resources department.

<p>1. Check appropriate box</p> <p><input type="checkbox"/> A. Annual or Newly Eligible Enrollment</p> <p><input type="checkbox"/> B. Change Due to Permitting Event</p> <p><input type="checkbox"/> C. Cancellation</p>	<p>2. Campus ID Number</p>	<p>3. Marital Status</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Single</p>										
<p>4. Name (First, initial, Last)</p>												
<p>5. Plan Elections - Refer to the FlexCash Plan Description for cash option election information. Check the Flex Cash option(s) you wish to enroll in or cancel:</p> <p><input type="checkbox"/> Cash in lieu of medical insurance (\$64 per pay period not to exceed \$128 per month)</p> <p><input type="checkbox"/> Cash in lieu of dental insurance (\$6 per pay period not to exceed \$12 per month)</p>												
<p>6. Statement of Other Medical and/or Dental Coverage</p> <p>This section must be completed if you choose cash instead of your own CSULB Foundation medical and/or dental insurance plans. Please note: Proof that you are enrolled in a non-Foundation medical and/or dental plan is required for initial and continued enrollment in the FlexCash Plan.</p> <p><i>I certify that I am covered by another non-Foundation medical and/or dental insurance plan. I certify that I will maintain coverage in the alternative medical and/or dental insurance plan(s) on an ongoing basis and I agree to notify the Foundation Human Resources office within 60 days if I lose coverage under the alternative medical and/or dental insurance plan(s).</i></p>												
<p>A Name of Medical Insurance Carrier</p>	<p>Policy Number</p>	<p>Name of Medical Insurance Policy Holder</p>										
<p>B. Name of Dental Insurance Carrier</p>	<p>Policy Number</p>	<p>Name of Dental Insurance Policy Holder</p>										
<p>I have reviewed the brochure describing the Foundation's optional FlexCash Plan, including the legal definitions and change in benefit election limitations authorized under Section 125 of the Internal Revenue Services (IRS) code. I understand that regulations under the IRS Code require that my benefit choices authorized by this election form are irrevocable during this plan year unless I have a "Change of Family Status" as defined in these regulations or other permitting events as described in the enrollment brochure. I understand that my FlexCash enrollment in lieu of medical and/or dental coverage will continue from year to year until I complete a new FlexCash Enrollment or Cancellation form. I further understand that the Foundation may amend or cancel this program at any time.</p> <p>I have read and agree to the terms and conditions of the FlexCash Program as outlined on this enrollment form and in the FlexCash brochure.</p> <p>Employee's Signature _____ Date Signed _____</p>												
<table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 50%;">Entered by _____</td> <td style="width: 50%;">Completion Date _____</td> </tr> <tr> <td style="text-align: center;">Benefits Coordinator</td> <td></td> </tr> <tr> <td>Effective Date _____</td> <td>Permitting Event _____</td> </tr> <tr> <td>Event Date _____</td> <td></td> </tr> <tr> <td>Health Form Attached <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Dental Form Attached <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>			Entered by _____	Completion Date _____	Benefits Coordinator		Effective Date _____	Permitting Event _____	Event Date _____		Health Form Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Form Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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CSULB FOUNDATION FLEX CASH PLAN

Frequently Asked Questions (FAQ)

WHAT IS FLEXCASH?

FlexCash is an optional benefit plan that allows you to waive Foundation provided medical and/or dental insurance plan(s) in exchange for cash if you have other non-Foundation coverage. If you waive your medical and/or dental plan(s), you will receive additional cash in your biweekly paycheck (not to exceed the *monthly maximum).

The FlexCash payment is treated as taxable income and will be subject to the same payroll taxes (federal, state, social security) as regular payroll. All Flex Cash payments will be reported as income on your Form W-2 in the year it is received.

You need to make sure your health and dental needs are met before you elect the FlexCash Plan. If you decide not to keep medical and/or dental coverage(s), you will be required to certify on the FlexCash enrollment form that you have alternative non-Foundation medical and/or dental coverage(s). You will be required to provide proof that you are enrolled in a non-Foundation medical and/or dental plan for initial and continued enrollment in the FlexCash Plan.

HOW MUCH IS THE CASH PAYMENT?

If you elect to receive cash in lieu of medical and/or dental coverage(s), the following biweekly cash payments will be available:

- | | |
|-------------------------------|--|
| • Waive both medical & dental | \$70 per pay period (*not to exceed \$140 per month) |
| • Waive medical only | \$64 per pay period (*not to exceed \$128 per month) |
| • Waive dental only | \$6 per pay period (*not to exceed \$12 per month) |

Biweekly cash payment amounts are subject to change.

WHO IS ELIGIBLE?

If you meet the eligibility requirements for Foundation provided medical and dental benefits, you are eligible for FlexCash if you have other non-Foundation coverage. If you are covered as a dependent of another Foundation employee, you are not eligible to participate in the FlexCash Plan. In other words, your other coverage must be through an individual policy, private industry coverage or public employment outside of the Foundation.

WHEN IS ENROLLMENT?

You may enroll in the FlexCash Plan during the regular Open Enrollment period for Flexible Spending Account which is in the fall each year to be effective the following January 1st.

If you do not enroll in FlexCash during the open enrollment, you may enroll during the plan year (January 1, through December 31) only if:

- You are a new employee hired after the open enrollment period and you meet medical and/or dental eligibility.
- You were on an approved leave of absence during the enrollment.
- You experience a family status change as defined in this FAQ flyer.

HOW DO I ENROLL?

You need to complete the FlexCash Enrollment Authorization to enroll. When you sign the form, you are certifying you are covered by another non-Foundation medical and/or dental plan(s) and you agree to the terms and conditions of the FlexCash Plan. You will provide proof of your alternate coverage. When you enroll in the FlexCash Plan, you will also need to complete forms to cancel the corresponding medical and/or dental coverage(s). Your enrollment in the FlexCash Plan will continue from year to year until you change or terminate your enrollment.

WHEN WILL COVERAGE BE EFFECTIVE?

Your FlexCash election will be in effect for a full plan year – January 1 through December 31. It will continue each plan year, unless you complete forms to elect medical and/or dental coverage(s) during subsequent open enrollment

periods or within 60 days of a family status change. At the time, you will have to complete a FlexCash form to change or cancel your Flexcash amount in addition to the required medical and/or dental forms.

CAN I CHANGE MY ELECTION DURING A PLAN YEAR?

You may not start or stop your FlexCash election in the middle of a plan year, except for allowable family status changes as defined by IRS regulations. IRS regulations also require that changes in FlexCash elections must be necessary or appropriate as a result of the family status changes. The enrollment changes must be requested within 60 days of the status change.

If an allowable family status change occurs, you can make the following changes by completing new enrollment forms within 60 days of the status change:

- If you elected cash, you can now elect medical and/or dental coverage(s).
- If you kept your medical and/or dental plan(s), you can now elect cash.

WHAT IS A FAMILY STATUS CHANGE?

Allowable family status changes include:

- Marriage or divorce;
- Death of a spouse or dependent (or loss of dependent status);
- Birth or adoption of a child;
- Termination or commencement of your spouse's employment;
- Change from full-time to part-time employment (or vice versa) by either you or your spouse if that change affects your medical and/or dental coverage(s);
- Starting or returning from an unpaid leave of absence by either you or your spouse;
- Gain or loss of alternative non-Foundation coverage; or
- A significant change in the alternative non-Foundation coverage.

WHAT IF I TERMINATE WHILE ENROLLED?

If you elect to participate in the FlexCash Plan and waive coverage under the medical and/or dental plan(s), you also waive any Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation rights you may have had under the medical and/or dental contract(s). Refer to the appropriate benefit plan booklet for continuation coverage information.

WHAT IF I AM ON PAID OR UNPAID LEAVE?

If you are on a paid leave you may continue to receive your biweekly payments upon approved leave. If you are on a non-paid leave your Flex Cash will discontinue. The Flex Cash Plan will resume upon return from leave of absence.

WHAT IF I RETIRE WHILE ENROLLED?

If you decide to retire while enrolled in the FlexCash Plan, you will have 30 days following retirement to enroll in any PERS medial plan. You FlexCash payments will stop when your employment ends.

WHAT IF I DIE WHILE ENROLLED?

If you are married and you waive medical and/or dental coverage(s) under the FlexCash Plan and you subsequently die without coverage, your surviving spouse will not have medical and/or dental continuation rights through the Foundation.