

# SBCERS

Santa Barbara County Employees' Retirement System

[www.sbcers.org](http://www.sbcers.org)

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## ELECTION TO COMBINE HEALTH INSURANCE SUBSIDIES (FOR RECIPIENTS OF MULTIPLE SBCERS BENEFITS)

In the event that an SBCERS benefit allowance recipient would receive or is receiving multiple benefit payments from SBCERS (i.e., retirement allowance and continuance from a deceased retiree) the subsidy amounts may be combined into one account and applied toward the premium cost for health insurance, on the first available date following SBCERS' receipt of this completed, signed election form.

*Note: This does not apply to a benefit recipient who receives a monthly benefit payment from County of Santa Barbara AND Santa Barbara Superior Court.*

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Plan Sponsor:  County of Santa Barbara  
 Santa Barbara Superior Court

Effective Date: \_\_\_\_\_

### **Election to Combine:**

I elect to combine the subsidies from my accounts and have the combined amount credited to my insurance premiums. I understand that any remaining premium balance is my responsibility to pay and that the amount will be deducted from my monthly allowance on the retirement / continuance (choose one) account.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

### **Declination:**

I do not wish to combine the subsidies from my accounts to be applied to my health insurance premiums. I wish to receive the insurance subsidy on my retirement / continuance (circle one) benefit and the Healthcare Reimbursement Arrangement monies on my continuance / retirement (choose one) benefit.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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