Los Angeles County
Metropolitan Transportation Authority

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Metro

GROUP HEALTH INSURANCE OPT-OUT PROVISIONS FOR TCIU MEMBERS

WAIVER OF GROUP HEALTH INSURANCE

I acknowledge that the TCIU Health and Welfare Trust Fund ("Trust Fund") currently provides me with group medical, dental and vision coverage, and I hereby elect to waive such coverage and receive $100 per month instead.

By executing this waiver below, I acknowledge that I understand the following:

- I am required to provide proof of coverage as a dependent under another medical, dental and vision plan before this waiver of coverage will be made effective by attaching copies of my current medical, dental and vision ID cards under such other plan to this waiver.
- The $100 monthly benefit will first be applied towards any unrecovered employee contribution payments owed by me to the Trust Fund until paid in full; thereafter, the $100 taxable monthly payment will be paid directly to me.
- I (and my eligible dependents) will not be permitted to re-enroll under the Trust Fund's plans until the next open enrollment period, unless I experience a "Change in Status Event" or "Special Enrollment Event," as described in section 4.4 of the Transportation Communications Union – Local 1314 Flexible Benefits Plan. I further acknowledge that if such an event occurs, I must notify the plan administrator, BPA, and enroll myself (and my eligible dependents, if any) within 30 days of the date of the event. I further acknowledge that I will not be permitted to re-enroll in the Trust Fund's plans unless I first pay any employee contributions that I owe to the Trust Fund in full.
- I will stop receiving the $100 monthly benefit as of the month in which my eligibility under the Trust Fund ends in accordance with the Trust Fund's Summary Plan Description (for example, due to termination of employment or the attainment of age 65), regardless of whether my other plan coverage is still in effect.

_____	_____	_____
Print Name	Signature	Date

Badge #: _____