2019 Participation Agreement for Health Premium Reduction Plan (CSEA)

WMC Health | Westchester Medical Center
Westchester Medical Center Health Network

Last Name: _____ First Name: _____ M.I.: _____

Employee ID #*: _____ Employee Social Security #: _____
*If known, otherwise leave blank

Please indicate whether you will be participating in a biometric screening to receive the Health Premium Reduction in 2019:

_____Yes, I will participate in a biometric screening and either I and/or my spouse (if applicable) will register for Teladoc (if not already registered) by May 31, 2019, and will receive the $25 per month premium reduction per person enrolled, up to $100 maximum per month per family. I understand that if I do not complete the biometric screening and register for Teladoc, my monthly premiums will be increased to the rate in 2019 had I not participated in the Premium Reduction.

The table below explains the premium reduction and what happens if you initially opt to participate but during 2019 do not complete the requirements.

If You Sign up for the 2019 Health Discount and :	Your Health Premium Discount	Repayment of Premiums
Complete a biometric screening and register for Teladoc (if not already registered) by May 31, 2019	You earn $25 Reduction in Premium per person enrolled per month, up to $100 maximum per month per family for all of 2019	You earn and keep the full year of premium reductions
Do not complete your biometric screening and register for Teladoc by May 31, 2019	You see a temporary $25 Reduction in Premium per person enrolled per month, up to $100 maximum per month per family, from 1/1/19 or 2/7/19 through 6/30/19	You are disqualified from receiving the Reduction in Premium. You must repay any reduction received over 6 months from July thru December 2019

Each person's tax situation is an individual matter and WMC does not provide tax advice.

To be eligible for the premium reduction effective January 1, 2019, all CSEA employees must submit their premium reduction election form to the Medical Center's Benefits Office no later than January 9, 2019. Any election forms submitted after January 9, 2019, but prior to January 23, 2019, will receive the premium reduction effective with the paycheck dated February 7, 2019.

Employees who fail to submit the election form by January 23, 2019 will not be eligible for the premium reduction program for calendar year 2019.

By signing below I acknowledge I understand that if I fail to complete the requirements for the biometric screening and registering for Teladoc as outlined above by May 31, 2019, I agree to reimburse these reductions by payroll deductions in equal installments over the last six months of the year.

Employee Signature: _____ Date: _____

SCAN AND EMAIL TO BENEFITSHELP@WMCHEALTH.ORG

or

FAX THIS FORM TO THE BENEFITS OFFICE - (914) 493-2062

PLEASE KEEP YOUR FAX CONFIRMATION FOR YOUR RECORDS