

# 2018 Participation Agreement for Health Premium Reduction Plan



Special Enrollment Period: March 22, 2018 – April 5, 2018

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

Check employee group or Company:

- Non Represented     
  Advanced Physician Services     
  NorthEast Provider Solutions     
  CSEA  
 WMC-NY     
  CIR hired 5/9/17 and after     
  NYSNA hired 1/5/17 and after

Please indicate whether you will be participating in a biometric screening to receive the Health Premium Reduction in 2018:

\_\_\_\_\_ Yes, I will participate in a biometric screening and either I and/or my spouse (if applicable) will register for Teladoc by July 5, 2018, 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 2018 had I not participated in the Premium Reduction.

Please check your preference on how to complete your screening by July 5, 2018:

- \_\_\_\_\_ Participate in an on campus screening event  
 \_\_\_\_\_ Visit my doctor and take a screening as part of that visit (remember you can use WMC's onsite lab too)

The table below explains the premium reduction and what happens if you initially opt to participate but during 2018 do not complete the requirements.

| If You Sign up for the 2018 Health Discount and :  | Your Health Premium Discount  | Repayment of Premiums  |
|--|---|--|
| Complete a biometric screening and register for Teladoc by July 5, 2018                  | You earn \$25 Reduction in Premium per person enrolled per month, up to \$100 maximum per month per family from May 3, 2018                                 | You earn and keep the premium reductions for the remainder of 2018   |
| Do <u>not</u> complete your biometric screening and register for Teladoc by July 5, 2018 | You see a temporary \$25 Reduction in Premium per person enrolled per month, up to \$100 maximum per month per family, from May 3, 2018 through August 2018 | You are disqualified from receiving the Reduction in Premium. You must repay over 4 months from September thru December 2018 any reduction received for the year |

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

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 July 5, 2018, I agree to reimburse these reductions by payroll deductions in equal installments over the last four months of the year.

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

SCAN AND EMAIL TO [BENEFITSHelp@WMCHEALTH.ORG](mailto:BENEFITSHelp@WMCHEALTH.ORG) by April 5, 2018

or

FAX THIS FORM TO THE BENEFITS OFFICE - (914) 493-2062  
PLEASE KEEP YOUR FAX CONFIRMATION FOR YOUR RECORDS