



# Opt In to Health Coverage

- Submit this form **within 30 days** after loss of other benefit coverage to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0230, 401 Fifth Ave., Seattle 98104-2333, or fax it to 206-296-7700.
- If you're a part-time Transit ATU 587 employee self-paying for coverage, call Benefits, Payroll and Retirement Operations for information about additional opt-in options available to you.
- Questions? Go to [kingcounty.gov/benefits](http://kingcounty.gov/benefits), e-mail [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov) or call 206-684-1556.

## Indicate the coverage you lost and date it ended

- Medical Plan name \_\_\_\_\_ Coverage end date \_\_\_\_\_
- Dental Plan name \_\_\_\_\_ Coverage end date \_\_\_\_\_
- Vision Plan name \_\_\_\_\_ Coverage end date \_\_\_\_\_

## Indicate through whom you had the coverage and the reason it ended

- Another employer Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Reason coverage ended \_\_\_\_\_
- Family member Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Reason coverage ended \_\_\_\_\_
- Other provider Name \_\_\_\_\_  
Reason coverage ended \_\_\_\_\_

## If you're opting in for medical coverage, select plan

- 1) SmartCare (Kaiser)  2) KingCare (Regence)
- 3) KingCare Select (Regence) (not available to Deputy Sheriff or TEA-Transit benefit groups)—Choose a network:  
 Eastside Health Network  The Everett Clinic  MultiCare Connected Care™  UW Medicine

If you're a Regular employee, or a Transit ATU 587 employee on the full-time full benefits plan or the part-time full benefits plan, opting in for medical coverage automatically opts you back in for dental and vision (if not already enrolled).

## If you're a Transit ATU 587 employee in the part-time partial benefits plan

You pay monthly premiums for health coverage (medical, dental, and vision). You can opt in separately for dental and vision, below.

- Do you want to opt in for dental?  Yes  No Do you want to opt in for vision?  Yes  No
- Do you want premiums deducted from your paycheck on a:  Pre-tax basis  Post-tax basis.

## Authorize your change

*I lost coverage and want to enroll for health coverage outside regular open enrollment. I understand my request must be submitted within 30 days of loss in coverage and county coverage will begin on the first of the month following the month coverage is lost. If the conditions of my employment require me to pay monthly premiums, I understand I must pay them retroactive to the date my county coverage begins.*

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Paid  5<sup>th</sup> and 20<sup>th</sup> each month  Every other Thursday PeopleSoft Employee ID \_\_\_\_\_

Office use only	Date received	Processed by	Audited by	Date effective
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