



County of Santa Cruz  
**Health Care (H-Care) Pre-Tax Medical Premium Program**  
**2026 Plan Year Enrollment Form**  
**No ANNUAL RE-ENROLLMENT REQUIRED\***

I am enrolled in a County of Santa Cruz group medical plan for the calendar year and hereby elect to participate in the County's Health Care (H-Care) Pre-Tax Medical Premium Program. I understand my paycheck will be reduced by my medical premium share of cost effective pay period one of **Calendar Year 2026**. If I am hired after pay period one, this salary deduction will be effective the first full pay period after submission of the form and enrollment into a County offered group medical plan. This agreement will remain in effect for each succeeding pay period until it is amended or terminated.

I understand:

- Under the Code of Federal Regulations (CFR) Section 1.125.4 – *Permitted Election Changes*: if a qualifying event exists, the Internal Revenue Service (IRS) allows employees to revoke or make election changes to their plan outside of an Open Enrollment period.
- In the event of rate adjustments to my County provided group medical plan, my share of cost for H-Care will be adjusted automatically.
- \* If I am enrolled in County medical coverage and choose to opt out of County medical coverage, my participation in H-Care ends.
- \* If I am enrolled in County medical coverage and go on an unpaid leave of absence, my participation in H-Care ends.
- \* If I meet the criteria to participate in H-Care, I can re-enroll by submitting an enrollment form during the Open Enrollment period.

Employee Name (print): \_\_\_\_\_ Employee Payroll #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

This form can be submitted via DocuSign on the Benefits Webpage [www.santacruzcountyca.gov/benefits](http://www.santacruzcountyca.gov/benefits), by email [benefits.questions@santacruzcountyca.gov](mailto:benefits.questions@santacruzcountyca.gov), by USPS mail, or in person to the Human Resources Department, Benefits Unit, 701 Ocean St., Suite 510, Santa Cruz, CA 95060.

*If you have questions, contact the Benefits Team at the Benefits Hotline (831) 454-2241 or by email [benefits.questions@santacruzcountyca.gov](mailto:benefits.questions@santacruzcountyca.gov)*

