



COUNTY OF SANTA CRUZ

HUMAN RESOURCES DEPARTMENT

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EMPLOYMENT SERVICES

EMPLOYEE RELATIONS &
SALARY ADMINISTRATION

EQUAL EMPLOYMENT
OPPORTUNITY

RISK MANAGEMENT

August 28, 2025

To: Employees who opt out of County medical coverage

Employees who currently opt out of County medical coverage, including those who receive a cash payment in lieu of County medical insurance, must recertify every year during Open Enrollment. To recertify, you must complete the enclosed CalPERS HBD-12 Form declining enrollment in a County group health plan. Additionally, you must complete the enclosed Health Insurance Waiver and provide proof of alternate medical coverage.

Completed forms and supporting documentation must be submitted during the 2026 Plan Year Open Enrollment period, from **8:00 AM on September 15, 2025, through 5:00 PM on October 10, 2025**. Forms submitted outside these dates will **not** be accepted.

Forms can be submitted via email to **benefits.questions@santacruzcountyca.gov**, by DocuSign, by USPS mail, or in person at the Human Resources Department, Benefits Unit, **701 Ocean Street, Suite 510, Santa Cruz, CA 95060**.

To qualify for the cash payment for opting out of County medical coverage, employees must meet the following criteria:

1. Decline the offer of medical coverage with a completed CalPERS HBD-12 Form.
2. Opt out (waive) medical coverage with a completed Health Insurance Waiver Form.
3. Provide proof of and attest to having minimum essential coverage, as defined by the Internal Revenue Service (IRS), through another group health plan (or other IRS-acceptable plan) for themselves and all individuals for whom they reasonably expect to claim a personal exemption deduction for the taxable plan year to which the opt-out payment applies.
4. Provide the County with proof and attestation of coverage each plan year at initial opt-out and during Open Enrollment annually thereafter—as long as the employee wishes to continue opting out.

All Open Enrollment changes will be effective January 1, 2026. **If you fail to complete the opt-out paperwork for the 2026 Plan Year, you will no longer be eligible for the County stipend, per your MOU.**

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

Enclosures – CalPERS HBD-12 Form, Health Insurance Waiver Form