

# SBCERS

Santa Barbara County Employees' Retirement System

## ELECTION TO POOL HEALTH INSURANCE SUBSIDIES

In the event that two SBCERS retirees are married to each other or are registered domestic partners, are enrolled in the same Plan-Sponsored Health Insurances, and are both eligible for a health insurance subsidy, the subsidy amounts may be "pooled" (or combined) and applied toward the premium cost for two-party or family coverage on the first available date following SBCERS' receipt of this completed, signed election form.

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Plan Sponsor:  County of Santa Barbara                      Pooling Effective Date: \_\_\_\_\_  
 Santa Barbara Superior Court

By our signatures below, we agree that we meet the conditions stated below and elect to have the separate health insurance subsidies combined into a single subsidy. We certify that we meet the following conditions:

- We are both SBCERS beneficiaries eligible to receive a health insurance subsidy, and
- We are married to each other or are registered domestic partners, and
- We are both eligible for the same Plan-Sponsored health insurances, and
- We are enrolled in the same medical, dental and/or vision plans.

We understand that if either of us drops coverage from the insurance plan(s) we are in, this election will be cancelled and individual subsidies will be re-established.

### **PRIMARY INSURED:**

Combined subsidies will be credited to and insurance premiums will be deducted from this person's monthly allowance.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

### **DEPENDENT INSURED:**

This person will be the dependent on the Primary Insured's insurance coverage.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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