NATOMAS BASIN CONSERVANCY
HEALTH PREMIUM REIMBURSEMENT PLAN

ENROLLMENT FORM AND ELECTION AGREEMENT

The Natomas Basin Conservancy ("Conservancy") has adopted the Natomas Basin Conservancy Health Premium Reimbursement Plan ("Plan") effective October 1, 2017 to reimburse Medicare premiums for eligible employees. As an eligible employee, you may elect to participate in the Plan pursuant to the terms set forth therein and as described in a notice provided to you by the Conservancy. Please complete this form and return it to the Plan Administrator.

SECTION I: PERSONAL INFORMATION

Employee Last Name:	**Employee First Name:**	**Gender:**	**Marital Status:** **__ Married** **__ Single** **__ Domestic Partner**
Mailing Address:	**Social Security Number:**	**Home Phone:** **( )**	
City: **State:** **Zip Code:**		**Birth Date:** ____/____/____	

SECTION II: PARTICIPANT ELECTION

Pursuant to the terms of the Plan, the Conservancy will make available to you a reimbursement amount to be used for the purpose of reimbursing you for your Medicare premiums (Part A, Part B, Part D, and/or Medicare Advantage). The reimbursement amount will not exceed the premium of the Medicare plan(s) in which you enroll. The reimbursement will be provided to you via your regular payroll from the Conservancy.

Please select A ***or*** B below:

A. Election to Participate:

□_____ I elect to participate in the Plan.

B. Election ***not*** to Participate:

□_____ At this time, I decline to participate in the Plan. *(Skip to Signature Line)*

SECTION III: ELECTION AGREEMENT

1. I hereby elect the option(s) listed above and revoke all prior elections. I understand this election will remain in force until expressly revoked by submitting a new election form to the Conservancy.

2. I have read and understand the notice I have received regarding my benefit and the manner in which said benefit will be made available to me.

3. I understand that substantiation of my Medicare coverage and proof of payment must be provided to the Conservancy in a form acceptable to the Conservancy before reimbursement is issued.

4. The Plan is written and adopted in accordance with Section 105(b) of the Internal Revenue Code of 1986, as amended, and it provides that benefits paid to participants are excludible from Federal income tax. By accepting any benefit under the Plan, I agree to be liable for any taxes (plus applicable interest and penalties) which may be imposed with respect to the benefits received for any reason in the event it is determined that such benefit, for whatever reason, does not qualify for tax-free treatment under the Internal Revenue Code.

I HAVE READ AND AGREE TO THE TERMS OF PARTICIPATION AND TO ANY APPLICABLE CERTIFICATIONS SET FORTH IN THIS AGREEMENT. I FURTHER CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ **Date:** _____