DEFERRAL OF HEALTH BENEFITS FORM
(Seasonal Employees Only)

ASEA Health Trust

Address: 111 W. Cataldo, Suite 220, Spokane, WA 99201 • Phone: 866-553-8206 (toll-free); 509-328-0300 • Fax: 509-323-7614

Email: generalmail@aseahealth.org • Website: www.aseahealth.org

Use this form to defer your coverage one calendar month. By completing this form, the effective date of your coverage will be delayed by one month and your coverage will extend one month past the date your coverage would otherwise terminate (see examples below).

For New Employees: As a newly hired seasonal employee your health benefits take effect on the first of the month following 30 consecutive days in paid status, provided you have health benefits contributions reported to the ASEA Health Trust on your behalf. Once you have established eligibility, your coverage remains in effect through the last day of the month in which you were last in pay status or in which you began seasonal overtime conversion.

For Return to Work Employees: As a returning seasonal employee, your health benefits take effect on the first day you return to work, provided you and your employer make health benefits contributions to the ASEA Health Trust. Your coverage remains in effect through the last day of the month in which you were last in pay status or in which you began seasonal overtime conversion.

Examples of how a deferral works	*New Employees*		*Employees Returning to Work*	
	No deferral	With deferral	No deferral	With deferral
Hire date:	3/8	3/8	N/A	N/A
Return to work date:	N/A	N/A	4/21	4/21
Effective date of coverage:	5/1	6/1	4/21	5/21
First day of seasonal leave:	8/16	8/16	9/5	9/5
Coverage termination date:	8/31	9/30	9/30	10/31

Required

If you would like to have your coverage deferred for this work period, complete the information below. Be sure to complete the form entirely and print clearly.

Employee name: SSN: Employee ID:

Hire date or Return to Work date **(required)**:

Address: Work phone number:

City/State/Zip: Home phone number:

CERTIFICATION

By signing below I understand that I am electing to have my health benefits deferred. I also understand that this will have no effect on any optional coverage I may have elected (i.e. Health Care Reimbursement Account). Additionally I understand that a deferral is used once I take seasonal leave without pay, and cannot be carried over into the next return to work period. I must sign a new deferral for each time I return to work if I wish to have my benefits deferred.

Finally, I understand that this deferral cannot be revoked.

Employee signature: Not required if submitted on-line Date:

The DEFERRAL OF HEALTH BENEFITS FORM must be postmarked, or faxed to the ASEA/AFSCME Local 52 Health Benefits Trust within 30 days of the date you start seasonal employment, or return to work from seasonal leave. You must also give a copy to your Departmental Personnel Office. It is your responsibility to get this form to the Health Trust.

Please Note: A deferral is used once an employee takes SLWOP (Seasonal Leave Without Pay), and cannot be carried over into the next return to work period. Seasonal employees must sign a new deferral each time they return to work from SLWOP and want to defer their health benefits coverage.

THIS FORM SUBMITTED

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