



JUSTIN ELICKER
MAYOR

DEPARTMENT OF HUMAN RESOURCES

CHIEF ADMINISTRATIVE OFFICE

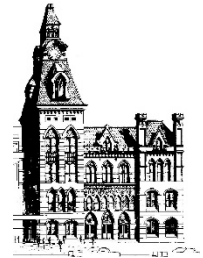
CITY OF NEW HAVEN

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May 2024

TO: Members of Local 884 Who Are Eligible to Participate in the
Medical Benefit Waiver Opt Out Program

SUBJECT: Medical Benefit Waiver Opt Out Program
- Participation in the 2024-2025 Fiscal Year

IMPORTANT Instructions for Continuation in Fiscal Year 2024-2025:

Continued participation is NOT AUTOMATIC.

To continue to receive a Medical Benefits Opt Out Payment next year, you MUST submit the 2024-2025 form.

1. Fill out the enclosed Medical Benefits Waiver Opt Out Form 24-25 (Parts A & B) indicating you want to continue to be included in the Opt-Out program for the fiscal year July 1, 2024 through June 30, 2025. Please be sure to fill out the forms completely, providing all the required dependent information. The number of dependents listed affects the amount of your Opt-Out payment!
2. Indicate on the Medical Benefits Waiver Opt Out Form Part B whether or not you would like to continue to be covered by, enroll in, or make changes to a Dental Plan, and if so, fill out the enclosed Anthem Dental Only Enrollment form, making sure that you indicate in Box 4 at what level you want Dental coverage (Single, Two-Person or Family) and provide all the required personal, spouse and dependent information requested in Boxes 1 and 6 of that form.
3. **If nothing in your status has changed**, you DO NOT NEED to provide COPIES of documentation such as birth certificates; ***however, you will still need to fill out and return the Medical Benefits Waiver Opt Out Form (Parts A & B).*** Please note, if you are adding persons to your Opt-Out table (i.e. if you were single, and now you are married, you may add your spouse which would increase your year 24-25 Opt-Out payment), you will need to provide copies of the required documentation, such as a marriage license and birth certificates for all newly added children.

4. Similarly, if you are now deciding to elect Dental coverage or are making additions to your current plan, you would also need to provide copies of the required documentation.
5. Complete and return the following by the **deadline of June 1st, 2024** directly to the Department of Human Resources & Medical Benefits
 - a. Completed Medical Benefits Waiver School Year 24-25 Opt Out Form (Parts A & B),
 - b. Anthem Dental Only Enrollment form
(**only** if you are electing or making additions to Dental coverage)
 - c. Copies of all required documentation. Documentation is **only** required if you newly electing Dental or are making additions to your Opt Out and/or Dental.

Failure to return your Medical Benefits Waiver Opt Out Forms and corresponding paperwork **WILL** affect the distribution of your Medical Benefit Waiver payment next year and possibly beyond!

Return your forms and documentation to Andy Fuentes via
scan / email to AFuentes@newhavenct.gov

HARD COPY PAPER FORMS WILL NO LONGER BE ACCEPTED

It is critical that we receive all your information in a timely manner so that we can record your intention to participate in the Opt-Out program for Year 24-25. **The deadline for submitting Opt Out Forms and/or Dental Re-Enrollment forms and documentation in order to be eligible for a payment in the 2024-2025 fiscal year is June 1st 2024.**

Year	Participation in Opt Out Program	Deadline to submit your Waiver and supporting documents
23-24	Corrections to current fiscal year 23-24 Medical Benefit Waiver Opt Out Form (for May / June 2023 payment)	June 1st, 2024
24-25	Continued inclusion in next school year 24-25 Medical Benefit Waiver Opt Out Program (for May / June 2024 payment)	June 1st, 2024

Very truly yours,

Andy Fuentes

Andy Fuentes
Medical Benefits Data Analyst