



City of FAIRFIELD

DECLINATION OF COVERAGE

Benefit Year January 1 – December 31, 2026

Employee Name: _____

CASH BACK OPTION FOR BENEFITTED EMPLOYEES

Benefited employees providing proof of other coverage, who then decline medical, dental, and vision coverage through the City's plans, are eligible to receive up to \$518 per month as taxable income (see note). If dental or vision coverage is continued through the City, the City's contribution will be subtracted from the monthly taxable income. Employees must complete this form and provide proof of other coverage to become eligible to receive cash back.

INSTRUCTIONS

Log into www.afenroll.com/enroll and decline the desired coverages. **Complete this form, attach proof of other coverage (e.g. current dated benefits statement, employer verification letter), and return to Human Resources by 5pm on October 22, 2025. This form must be completed each benefit year.** You may be eligible to enroll yourself and your dependents outside of open enrollment if a qualifying event, such as losing other coverage, occurs. If your situation changes, please contact benefits@fairfield.ca.gov within 30 days of your loss of coverage and provide documentation of the loss of coverage to enroll outside of open enrollment.

CERTIFICATION

I certify that the City of Fairfield has provided me with available health enrollment benefits information and has given me an opportunity to enroll myself and/ or my dependents within the City's enrollment period. By declining coverage, I acknowledge that I and/or my dependents will not be eligible to enroll until the next Open Enrollment period, unless there is a qualifying event allowing me to do so. If a qualifying life event occurs, I will notify Human Resources within 30 days of the date of the event. Coverage being declined (check all that apply):

Medical Coverage Dental Coverage Vision Coverage

I am applying for the cash back option and **proof of non-individual market coverage is attached.**

Employee name:

Employee Number:

Signature:

Date:

Submit this form and evidence of coverage to benefits@fairfield.ca.gov.

NOTE: If you elect deferral of reimbursed medical or childcare expenses on a pre-tax basis (through AFA), or to deferred compensation, the deferral will offset the cash which is being paid to you, reducing your taxable income.