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**CASH BACK ELECTION FORM**

Dear HSS Member,

For the plan year July 1, 2009 through June 30, 2010, the terms of your Memorandum of Understanding (MOU), provide you with the following two options. Please make your selection by checking one of the boxes below. Return this completed form via fax, mail or drop-off to HSS. If you have questions please call HSS Member Services at (415) 554-1750.

**Choose one:**

- I am only covering myself on my HSS administered health plan. So I elect to receive \$210.00 per month in additional taxable compensation for my employee only coverage. (This \$210.00 per month will be disbursed in \$105.00 payments the first two paychecks of each month.)

**- OR -**

- I am covering myself and one or more eligible dependents on my HSS administered health plan. So I elect a \$225.00 per month subsidy from the City, which will be applied to the cost of the monthly employee premium contribution required for my family's health coverage.

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Member Signature

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Social Security Number

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Print Name

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Date