



**Open Enrollment
MUNICIPAL ATTORNEYS ASSOCIATION CASH BACK ELECTION FORM**

For the period July 1, 2010 through June 30, 2011, the terms of your Memorandum of Understanding (MOU), provide you with the option of:

- Receiving \$210.00* per month in additional taxable compensation if, you elect employee only coverage.
- OR-**
- Using a \$225.00 per month City contribution to reduce your cost for your required dependent healthcare premiums:

**If you are not making any changes in your Cash Back election, you do not need to return this form.
Your Cash Back election will remain the same for plan year 2010-2011.**

For the plan year July 1, 2010 through June 30, 2011: (CHOOSE ONE)

_____ I elect to receive \$210.00* per month in taxable compensation.

_____ I elect to receive \$225.00 subsidy to be applied to my dependent(s) healthcare premium.

Member Signature

Date

Print Name

Social Security Number

Please provide your email address for confirmation of receipt. _____@_____

*The \$210.00 Cash Back will be dispersed in payments of \$105.00 in each of the first two paychecks each month.

You must fax or deliver your completed form by 5:30 pm on 4/30/10.

REMINDER: Only members who are enrolled in one of the CCSF offered medical plans are eligible for Cash Back.