

2401 N. Lincoln Blvd., Oklahoma City, OK 73105 – Phone: 405-522-5528 or 800-219-8115

I, \_\_\_\_\_, understand I am opting out of the basic plan of benefits (health, dental, disability and Basic Life); or, I may retain my life and disability benefits by opting out of health and dental only:

☐ Basic plan (health, dental, disability and Basic Life).

☐ Health and dental only.

By opting out of the above benefits, I understand I will not receive the state-provided benefits allowance I would otherwise be eligible to receive. I will receive a monthly amount of \$150 (or the biweekly equivalent) in lieu of the flexible benefits allowance. **Employee may still choose premium conversion, vision coverage and the flexible spending accounts.**

By signing this form, I attest I am eligible to participate and I am either currently covered by a separate health insurance plan or will be covered by a separate health insurance plan at or before the beginning of the next plan year and shall provide proof of the separate health insurance plan participation. **If I did NOT opt out in the previous plan year** and the documentation is not provided by the end of open enrollment, I understand I will be enrolled in the previous plan year's election excluding the FSAs.

Employees opting out who have retired from military service and have federal TRICARE insurance benefits are required to provide a copy (both sides) of your DD Form 2 (Retired).

I understand in order to continue my election of the benefits stated above for subsequent plan years, I must reapply for the opt-out provision each year. **If I had elected to opt-out in the previous plan year** and fail to sign both the Employee Opt-Out Acceptance and the Open Period Enrollment Form, and fail to provide the required proof, I will be re-enrolled under the following plans: HealthChoice High Option Medical, HealthChoice Dental, Basic Life Insurance and Disability Insurance.

Agency name \_\_\_\_\_ Agency # and location code \_\_\_\_\_

Employee name \_\_\_\_\_ SSN \_\_\_\_\_  
(Print)

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

HB1187 Section 1-1308.3. Any active employee eligible to participate or who is a participant may opt out of the state's basic plan as outlined in Sections 1370 and 1371 of this title, or may opt out of the health and dental basic plan options only, and retain the life and disability plan benefits, provided that the participant is currently covered by a separate health insurance plan or will be covered by a separate health insurance plan at or before the beginning of the next plan year. Any active employee eligible to participate or who is a participant opting out of coverage pursuant to this section shall provide proof of the separate health insurance plan participation and sign an affidavit attesting that the participant is currently covered and does not require state provided health insurance each plan year. Any active employee opting out of the state's basic plan or the health and dental basic plan options pursuant to this section shall receive One Hundred Fifty Dollars (\$150.00) in lieu of the flexible benefit amount the employee would be otherwise eligible to receive. Any savings realized by the state as a result of a participant opting out of health insurance plan coverage shall be retained by the state.