

Human Capital Management Employee Benefits Department

EMPLOYEE OPT-OUT ACCEPTANCE

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 or, I may retain my life and disability benefits by opting
Basic plan (health, dental, disability and Basic	sic Life).
Health and dental only.	
would otherwise be eligible to receive. I will receive	I will not receive the state-provided benefits allowance I ve a monthly amount of \$150 (or the biweekly equivalent) ee may still choose premium conversion, vision
group health insurance plan or will be covered by	·
Employees opting out who have retired from milit benefits are required to provide a copy (both side	eary service and have federal TRICARE insurance es) of your DD Form 2 (Retired).
must reapply for the opt-out provision each year. and fail to sign both the Employee Opt-Out Accept	he benefits stated above for subsequent plan years, I If I had elected to opt-out in the previous plan year otance and the Option Period Enrollment Form, and fail under the following plans: HealthChoice High Option ice and Disability Insurance.
Agency name	Agency # and location code
Employee name(Print)	SSN
Employee signature	Date
Benefits coordinator	Date