OKLAHOMA
Office of Management & Enterprise Services

Employee Benefits Department

EMPLOYEE OPT-OUT AGREEMENT

Human Capital Management

Submit this form as an attachment to the appropriate benefit enrollment or change request submission in Workday@OK.

The employer should retain a copy of this form for auditing purposes.

EMPLOYEE INFORMATION

Employee name	SSN
Agency name	Agency number

ACKNOWLEDGEMENT

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 these benefits elected above, I understand that I am forfeiting the state flexible benefit allowance and instead will receive $150 per month, or the biweekly equivalent.

By signing this form, I attest I am eligible to participate but 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 this separate health insurance plan coverage. If I did not opt out in the previous plan year and I do not provide documentation by the end of Open Enrollment, I understand I will be enrolled in the previous plan year's election, excluding the FSAs.

I understand that to continue my election of the above benefits for subsequent plan years, I must reapply for the opt-out provision each year. If I elected to opt-out in the previous plan year and failed to sign the Employee Opt-Out Agreement form, opt-out in Workday@OK, and fail to provide the required proof of other health coverage, I will be re-enrolled under the following plans: HealthChoice High Option Health, HealthChoice Dental, HealthChoice Basic Life and HealthChoice Disability.

SIGNATURE

Employee signature	Date

Notes for employee:

- Employee may still choose premium conversion, vision coverage and the flexible spending accounts.
- Employees opting out who have retired from military service and have federal TRICARE insurance benefits are required to provide a copy of both sides of your Uniformed Services ID card.

HB 1187 amending 74 O.S. § 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 74 O.S. §§ 1370 and 1371, 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 $150 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.