

State of California

Business, Consumer Services and Housing Agency

M e m o r a n d u m

To: All New Employees

From: Department of Alcoholic Beverage Control

Subject: Health and Dental Benefits

Welcome to the Department of Alcoholic Beverage Control (ABC)! This memo is intended to provide you with some important information regarding your Health and Dental benefits.

You have 60 days from the date of your appointment to enroll into a health and/or dental plan. Your benefits will be effective on the first of the month following submission of the enrollment forms to Human Resources (HR). For example: If you were to submit your enrollment forms to HR on June 15th, your benefits would be effective July 1st.

Because your benefits are effective on the first of the month following submission of the enrollment forms and premiums are due the month prior to the effective date, you will incur an Accounts Receivable (A/R) that will need to be repaid to the department. In addition, it may take the State Controller's Office (SCO) up to six (6) months to process your forms and begin deducting the premiums from your pay. As a result, once SCO processes the transaction(s) to begin the deductions, your premium payments will be several months in arrears. Once deductions begin, an A/R will be set up through SCO for the missed premium payments. Your Personnel Specialist will contact you with repayment options. The repayment options will include either a personal check for the full amount made payable to ABC or payroll deductions over the same number of months you are repaying. For example: If it took SCO three (3) months to set up the deductions for your premiums, ABC will allow you to repay the A/R over a three (3) month period.

IMPORTANT NOTE: PLEASE BE ASSURED THAT ALTHOUGH THE PREMIUM PAYMENTS ARE NOT BEING DEDUCTED FROM YOUR PAY, YOU DO HAVE INSURANCE COVERAGE EFFECTIVE THE FIRST OF THE MONTH FOLLOWING THE SUBMISSION OF YOUR ENROLLMENT FORMS TO HR.

The following website can provide you with an estimated cost of your premiums based on the plans you choose to enroll in.

<http://eservices.calhr.ca.gov/BenefitsCalculatorExternal/>

We encourage you to utilize this resource and set aside the monies you will be expected to repay.

We understand this is not an ideal situation and appreciate your understanding and cooperation during this process. If you have any questions or concerns, please feel free to contact your Personnel Specialist in HR at (916) 419-2557.

Please sign and return this form as an acknowledgement that you have read and understand the contents herein.

Thank you!

Signature

Date