



HUMAN RESOURCES  
DEPARTMENT

City of  
**REDLANDS**

Incorporated 1888  
35 Cajon Street, Suite 200  
P.O. Box 3005, Redlands, CA 92373  
909-798-7514

Gina King  
Director, HR/Risk Management

**CAFETERIA PLAN – ELECTION FORM**

Note: Form must be submitted to Human Resources either in person or by email to [jgutjahr@cityofredlands.org](mailto:jgutjahr@cityofredlands.org).

Pursuant to your MOU, City contributions to the cafeteria plan may be used toward available cafeteria benefits, including City medical plan premiums, flexible spending account (FSA), and post-employment health plan (PEHP).

Name: \_\_\_\_\_ EE ID Number: \_\_\_\_\_

| Initial Selection | Options                                                                                                                                                                                                                               |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Election of Health Flexible Spending Account<br><i>* If not already enrolled, must fill out the Flex Spending Account Enrollment Form. If enrolled, must complete a Change in Election Form.</i>                                      |
|                   | Election of Dependent Care Flexible Spending Account<br><i>* If not already enrolled, must fill out the Flex Spending Account Enrollment Form. If enrolled, must complete a Change in Election Form.</i>                              |
|                   | Election of Post Employment Health Plan<br><i>* If not already enrolled, must fill out the PEHP Enrollment Form. <b>The 0.5% annual asset fee and the \$30 annual maintenance fee are the responsibility of the participants.</b></i> |
|                   | <b>Only RPFA members hired after 10/16/12</b> – Election of Firefighters Benefits Trust<br><i>* If not already enrolled, must fill out the Enrollment Form.</i>                                                                       |

In submitting this form, you understand that plan elections are irrevocable for the remainder of the plan year unless you experience an Internal Revenue Service (IRS) Change in Status Event. No election change will be retroactive except as required under the Health Insurance Portability and Accountability Act (HIPAA) or other applicable laws or policies. This means that once you elect to participate, you cannot change the elections that you have made for your eligible benefits until you have a qualifying event, or until the next Annual Enrollment period, whichever is sooner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

