

HEALTH INSURANCE SUBSIDY PROGRAM FOR LAW ENFORCEMENT OFFICERS & FIREFIGHTERS
Employee Election Application



NAME _____ Male ___ Female ___ SSN _____ - _____ - _____
(Please Print Clearly)

ADDRESS _____ DATE OF BIRTH ____ / ____ / ____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER NAME _____ DATE OF HIRE ____ / ____ / ____
REQUIRED REQUIRED

Firefighter ___ Law Enforcement ___ EE Email _____

Position _____ Work Phone _____ Cell _____

Are you enrolled in an Employer-Sponsored retirement plan other than Social Security? YES: ___ NO: ___

Name of Plan: _____

Enrollment is Required in either MainePERS, ICMA, 401K, 401A, 403B and 457 defined contributions plans.

New Hires: You have 60 days from your date of hire to participate or not participate in this program. However, you can also enroll within 5 years of your date of hire if you are hired after October 1, 2019. Applying for participation in the program after your initial date of hire, employees must pay back 2% of their gross earnings from date of hire to date of enrollment into the program. The contribution rate going forward will be 1.5% of the employees' gross earnings. The municipality must provide a summary report showing wages/contributions by month and year for monies due.

_____ I ELECT TO ENROLL as a New Hire enrolling within 60 days from date of hire of October 1, 2019 or later I authorize my employer to deduct the proper contributions from my wages and remit these funds to the State of Maine. **I understand the funds are to be used for the purposes of the subsidy program only and that I DO NOT have any right to these funds except for the payment of retiree insurance premium subsidies.**

_____ I ELECT TO ENROLL as a New Hire enrolling after 60 day from date of hire of October 1, 2019 or later, but within 5 years from date of hire. I agree to pay retro contributions owed to enroll in the program. I authorize my employer to deduct the proper contributions from my wages and remit these funds to the State of Maine. **I understand the funds are to be used for the purposes of the subsidy program only and that I DO NOT have any right to these funds except for the payment of retiree insurance premium subsidies.**

_____ I ELECT NOT TO ENROLL in the Health Insurance Subsidy Program. I understand that future enrollment may not be allowed.

Employee Signature _____ Date ____ / ____ / ____

Open Enrollment Provision: If hired prior to October 1, 2019 and not currently enrolled, there will be an open enrollment period from 10/1/2019 thru 12/31/2021. Employees must pay back 3% of their gross earnings from their date of hire going no further back than January 1, 2007. From January 1, 2007 thru December 31, 2014, the contribution rate is 3% of their gross earnings. From January 1, 2015 to their enrollment date, the contribution amount is 1.5% of the employees' gross earnings. The municipality must provide a summary report showing wages/contributions by month and year for monies due.

_____ I ELECT TO ENROLL during Open Enrollment as an existing employee hired prior to October 1, 2019 and enrolling between 10/1/2019 thru 12/31/2021. I agree to pay the retro contributions owed to enroll in the program. I authorize my employer to deduct the proper contributions from my wages and remit these funds to the State of Maine. **I understand the funds are to be used for the purposes of the subsidy program only and that I DO NOT have any right to these funds except for the payment of retiree insurance premium subsidies.**

_____ I ELECT NOT TO ENROLL in the Health Insurance Subsidy Program. I understand that future enrollment may not be allowed.

Employee Signature _____ Date ____ / ____ / ____

_____ **RETIREE RETURN TO WORK - I ELECT TO ENROLL** in the Health Insurance Subsidy Program and by signing below, I authorize my employer to deduct 1.5% of my gross wages and remit these funds to the State of Maine. If you were not previously enrolled, retro contributions are owed. For more information, please call 207-624-7682 **I understand the funds are to be used for the purposes of the subsidy program only and that I DO NOT have any right to these funds except for the payment of retiree insurance premium subsidies.**

_____ I ELECT NOT TO ENROLL in the Health Insurance Subsidy Program. Declining as a Retiree Return to Work will forfeit my insurance subsidy at time of retirement. I understand that future enrollment may not be allowed

Employee Signature _____ Date ____ / ____ / ____

Employer only: Return form to FF-LEO-State of Maine EH&W, 61 State House Station, Augusta, Maine 04333. Email to: Joan.M.Hanscom@maine.gov

Eligible ___ Not Eligible ___ Enrolled in Health Insurance? Yes ___ No ___ Ins. Carrier Name: _____ Plan: Single ___

2 Person/Spouse ___ Family ___ Adult w/child ___ Municipality HR personnel _____

Phone: _____ Email: _____