

**Department of Personnel  
Services**

David Devine, Director

**Employee Benefits Office**

Dave Comerchero,  
Employee Benefits Manager



**County Executive**

Navdeep S. Gill

**County of Sacramento**

**Voluntary Irrevocable Election to Tier B**

My signature below authorizes the County of Sacramento Employee Benefits Office to convert my County sponsored medical coverage from Tier A to Tier B. By submitting this election notice, I am aware that a change from Tier A to Tier B status is not mandatory or required. It is a voluntary decision that can be made only once and is irrevocable once made. Once I voluntarily move from Tier A to Tier B, I cannot return to Tier A status.

**I understand that employees in Tier B are not eligible for Cash Back or PSI, and therefore forfeit all entitlements to Cash Back and PSI.**

I am electing to convert from Tier A to Tier B

<b>Last Name</b>	<b>First Name</b>
<b>Social Security Number/Personnel Number</b>	<b>Phone Number</b>
<b>Email</b>	

**Signature**

**Date**

<b>Office Use Only</b>	<b>Effective Date: 1/1/2021</b>
<b>Received by:</b>	<b>Date:</b>

**Date due or postmarked by: October 30, 2020**

Return to the Employee Benefits Office by mail, fax or email.

Mail Code: 09-4667 Fax: (916) 874-4621 Email: [MyBenefits@saccounty.net](mailto:MyBenefits@saccounty.net)