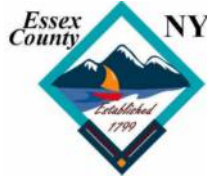


Personnel Department



Jennifer Mascarenas
Personnel Officer
PO Box 217 7551 Court Street
Elizabethtown NY 12932

Erica Sadowski- Personnel Technician/Deputy
Jaime Douglass- Personnel Technician
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2024 CONTRIBUTION WAIVER REQUEST FORM FOR DOMESTIC PARTNERSHIP - BOTH EMPLOYED BY ESSEX COUNTY WITH BENEFITS AFTER 01/01/2009

Essex County has agreed that "for Domestic Partners who both are employees of the County after January 1, 2009 the County shall pay 90% of the plan costs, for all years of the contract."

AUTHORIZATION:

Our health insurance option choice requires us to contribute to the premium cost of our plan. We would like to request that the contribution amount of our health insurance plan be 10% of the plan costs due to both of us being employed by Essex County and are Domestic Partners after January 1, 2009.

We understand that if one of us was to terminate employment with Essex County or our Domestic Partnership status changes, we would once again be required to contribute to the premium cost as may be necessary at the time of the change.

We hereby authorize payroll deductions for the following Health Insurance Plan with Essex County:

- PPOJ - One (1) 2 Person Plan - \$196.37 monthly
- PPOJ - One (1) Family Plan - \$255.50 monthly

- SIMPLY BLUE 40-0 - One (1) 2 Person Plan - \$185.66 monthly
- SIMPLY BLUE 40-0 - One (1) Family Plan - \$240.73 monthly

- After-Tax Deduction

Employee's Signature

Domestic Partner Signature

Print Name

Print Name

County Department

County Department

Date

Subscriber

Date

Subscriber