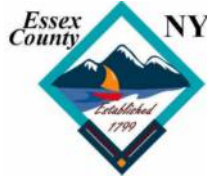


# Personnel Department



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## 2024 CONTRIBUTION REQUEST FORM FOR PARENT AND DEPENDENT WHEN BOTH ARE EMPLOYED BY ESSEX COUNTY AND BOTH ELIGIBLE FOR BENEFITS AFTER 2009

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For County Employees who are required under the Patient Protection and Affordable Care Act to provide "coverage for dependents under 26 years old" and both are employees eligible for benefits with the County shall contribute 10% of the plan costs.

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### 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. We are both employees of Essex County and meet the criteria of parent and dependent child under the age of 26.

We understand that if one of us was to terminate employment with Essex County or no longer meet the under age 26 requirement as a dependent, we would 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
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- Pre-Tax Deduction
  - After-Tax Deduction

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
County Department

\_\_\_\_\_  
County Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date