



Healthy Opportunities Wellness Program Executive Branch Non Contract SLIP Retiree Participation Election

Employee Name _____

Last Four of SSN _____

Department _____

Termination Date _____

Home Address _____

Phone Numbers: Home _____ Cell _____

Home Email Address (required if you have one) _____

(please update DAS-HRE if you change your email address by emailing: healthy.opportunities@iowa.gov)

Affirmations

I am retiring from an executive branch non-contract position after January 1, 2014, and will participate in the Sick Leave Insurance Program (SLIP).

I elect to:

Participate in the Healthy Opportunities Wellness Program

NOT Participate in the Healthy Opportunities Wellness Program I understand that:

- I am required to pay a percentage of the total premium of the health insurance plan available to SLIP retirees as long as I participate in SLIP. I acknowledge that this percentage may change over time.
- Every year that I participate in SLIP, I must elect to participate or not to participate in the Healthy Opportunities Wellness Program and must confirm my participation or non-participation in the manner designated by the Iowa Department of Administrative Services – Human Resources Enterprise (DAS-HRE).
- If I choose to participate in the Healthy Opportunities Wellness Program, I must complete all the necessary requirements of the program every year to remain eligible for the monthly premium reduction. Further if I am identified to participate in telephonic coaching, I must complete the required number of calls in order to maintain my eligibility for the coming year.
- My Healthy Opportunities Wellness Program election to participate or not remains in place for the calendar year unless my SLIP eligibility ends during the year. I may not change my election in the Healthy Opportunities Wellness Program midyear.

When I am no longer a SLIP retiree, I understand that:

- I will no longer be eligible for the Healthy Opportunities Wellness Program and the out-of-pocket premium reduction.
- I will have the option to remain on the State of Iowa retiree health insurance through the Direct Pay Group health plans, which could have slightly different benefits than the plan I was on while participating in the Healthy Opportunities Wellness Plan.
- DAS-HRE will send information to me regarding the transition from the SLIP program to the Direct Pay Group prior to the end of my SLIP eligibility.

THIS FORM MUST ACCOMPANY YOUR SLIP RETIREMENT PAPERWORK REGARDLESS OF IF YOU ARE PARTICIPATING IN THE HEALTHY OPPORTUNITIES WELLNESS PROGRAM OR NOT.

SIGN HERE: _____

DATE: _____

Human Resources Associate or Personnel Assistants:

Health code as an employee: _____

Please keep a copy of this form in the employee's personnel file; send the original to DAS-HRE, Attn: Wellness Coordinator

DAS HRE USE ONLY

Wellness Election Verified: _____

Health Code as a SLIP Retiree: _____