

How To Complete the In-Lieu Attestation in eWay

Why Should I Complete the Attestation?

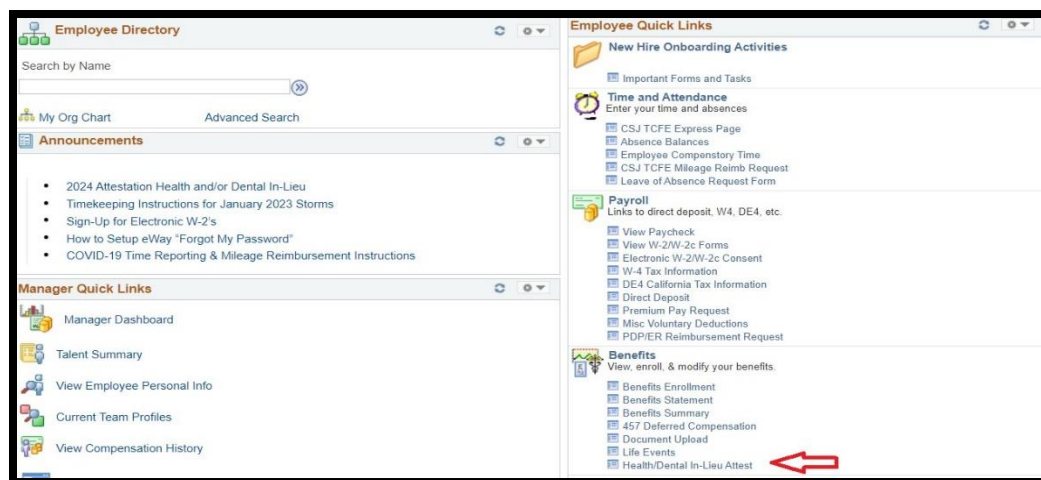
The IRS requires proof of alternate group coverage to be submitted to the City every year that the health/dental In-Lieu plan applies. The federal regulation states proof of alternate group coverage may include the employee's attestation that the employee and all other members of the employee's expected tax family have or will have minimum essential coverage. Employees currently enrolled in Health and/or Dental In-Lieu will need to complete the following attestation to qualify for the health/dental in-lieu premiums for the 2024 calendar year.

What Happens If I Don't Complete the Attestation?

Employees currently enrolled in Health and/or Dental In-Lieu will need to complete the 2024 HIL/DIL eForm attestation in eWay to qualify for In-Lieu payments for the 2024 calendar year by **Friday, February 16, 2024**, to prevent In-Lieu enrollment from being canceled and medical/dental coverage waived effective 03/01/24.

How Do I Complete the Attestation in eWay?

1. **Employees currently enrolled in Health and/or Dental In-Lieu will receive an automatic email requesting the completion of the Attestation. Navigate to the 2024 Attest In-Lieu eForm in eWay by following the menu path: Home > Main Menu > Self-Service > Benefits > Health/Dental In-Lieu Attestation**



2. The User ID will pre-populate with your Employee ID number and will default to 2024. Click Add

Health/Dental In-Lieu Attest

User ID

Year

3. Review the Attestation language. The eForm will automatically pre-populate the I Agree to Yes. Agree that you and/or your dependents are or will be covered by an alternate qualifying group health and/or dental plan and click the Submit button.

Cash In-Lieu Attestation of Alternate Qualifying Group Health and/or Dental Insurance Coverage

I attest that I and/or my dependents are covered, or will be covered, by an alternate qualifying group health and/or dental plan that conforms to the Affordable Care Act's (ACA) minimum coverage requirements. I understand that an individual health and/or dental insurance policy (for example Medicare, Covered California, or a policy purchased on a private health and/or dental plan coverage for purposes of this Health and/or Dental Cash In-Lieu Benefit.

I hereby agree to all terms and conditions as contained in the Attestation and the Health and/or Dental In-Lieu Plan Documents and the terms and conditions are fully understood. I further understand and agree that the falsification of this Attestation may result in cancellation and repayment of Health and/or Dental In-Lieu payments.

Please note: Proof of alternate group coverage is not required and you do not need to submit documentation to HR Benefits. Employees only need to complete this Attestation for 2024.

***This attestation is to verify Health and/or Dental In-Lieu for the 2024 calendar year only.**

Enrollment in Health and/or Dental In-Lieu is a separate process.

To complete this Attestation form, you must select either YES or NO, and then select the SUBMIT button at the bottom for processing.

Year 2024

*I Agree

Submission Date

4. If you do not agree with the Attestation, please select No and click Submit.
IMPORTANT: If you select No your current Health and/or Dental In-Lieu benefit will end, and your coverage will be moved to Waived.

Year 2024
*I Agree No
Submission Date
Submit

5. If you choose to select No, you will receive the message below informing you that your coverage will be updated to Waived.

Year 2024
*I Agree No
Submission Date

You are not agreeing and you may be unenrolled from in-lieu plan
By not agreeing your enrollment in the In-Lieu plan(s) will be canceled and coverage will automatically be Waived. Please reach out to HRBenefits@sanjoseca.gov ASAP.

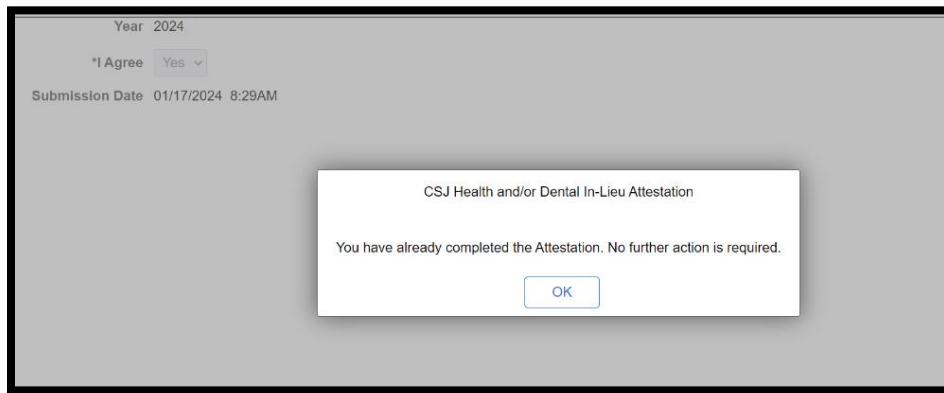
OK

6. Once you click Submit you will see the date and time stamp and your eForm is complete, sign-out out of eWay

To complete this Attestation form, you must select either YES or NO, and then select the SUBMIT button at the bottom for processing.

Year 2024
*I Agree Yes
Submission Date 01/17/2024 8:29AM
Submit

- If for some reason you are not sure that your Attestation is complete, and you try to complete the eForm again you will receive a pop-up message letting you know have already attested.**



If you have any questions, please contact Human Resources at (408) 535-1285.