



**Voluntary Employee Beneficiary Association (VEBA)
Opt-In Election Form**

*To be completed and returned to Human Resources Attn: HR-VEBA on
or before 5:00pm Friday, December 1, 2017*

Member Name	<p align="center">VEBA Eligible Contribution Amount:</p> <p align="center">\$</p> <p align="center"><small>*as of 7/1/17 (pay period 14). All contributions since this date will also be added to the individual VEBA account.</small></p>
Employee ID	
Social Security Number	

PLEASE READ THIS ELECTION FORM CAREFULLY (FRONT AND BACK). IT INCLUDES A RELEASE OF ALL KNOWN OR UNKNOWN CLAIMS. By signing this Election Form and receiving the benefits under the VEBA, including the contribution amount shown at the top of this Form, you will no longer be eligible for and will have waived any entitlement to receive any Defined Benefit Retiree Healthcare (medical and dental) plan benefits to which you may have been entitled under your current Defined Benefit Retiree Healthcare plan in the applicable collective bargaining agreement or compensation plan. If you do not sign this Form, you will remain in the Defined Benefit Retiree Healthcare (medical and dental) plan.

I hereby agree to the terms and conditions set forth on both sides of this Form. I acknowledge that I have been advised to review this Election Form agreement with financial, tax, and legal advisors. I have been given at least twenty-one (21) calendar days to consider this agreement and I have chosen to execute this agreement on the date indicated below. I intend that this Election Form will become a binding agreement between me and the City of San Jose, if I do not revoke my acceptance within seven (7) calendar days of my execution of this Form. By signing this Election Form, I agree to become covered by the VEBA under the terms and conditions described on this Election Form and the VEBA Program Description available at www.sanjoseca.gov/VEBA.

I understand that this election to participate in the VEBA is currently being reviewed by the Internal Revenue Service (IRS). In addition, I understand that the IRS is also reviewing whether the VEBA Eligible Contributions may be made from the San Jose Police Department and Fire Department Retiree Health Care Trust Fund or the San Jose Federated Retiree Health Care Trust Fund. The implementation of my election is subject to the receipt of these IRS approvals.

Date	Signature
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**Submit completed form to Human Resources Attn: HR-VEBA during the election period:
Wednesday, October 18, 2017 to Friday, December 1, 2017.**

HR Use Only:
Revocation Submitted within (7) days
 YES
 NO

By signing this Election Form, you acknowledge agreement with the following terms:

1. You have chosen to voluntarily participate in the VEBA. Nobody has pressured you into signing this Election Form or made any representations to you (other than this Election Form, the VEBA Program Description, and any other materials, including the VEBA Information Website, that have been provided by the City to you as part of this process) about VEBA or about benefits or programs that the City might or might not offer in the future.
2. You are releasing or waiving any rights that you may have to benefits under the Defined Benefit Retiree Healthcare (medical and dental) plan covering you under the applicable collective bargaining agreement or compensation plan and instead will participate under the VEBA and receive the benefits that will be provided by the City under the VEBA.
3. You are acknowledging that you understand there may be different tax consequences for benefits provided under the Defined Benefit Retiree Healthcare plan covering you under the applicable collective bargaining agreement or compensation plan and the VEBA. The tax rules are complicated and can change at any time. You should discuss any effect this may have on your personal situation with your personal counsel or financial advisor before making your decision regarding filing this Election Form.
4. By signing this Election Form, you are releasing the City from all known or unknown claims you may have against the City associated with your participation in VEBA, which arose or could have arisen out of your employment, including any claims regarding your no longer being eligible to participate in the Defined Benefit Retiree Healthcare plan for which you would otherwise be eligible under the collective bargaining agreement or compensation plan. These claims include, for example, claims in tort or contract, claims under the Age Discrimination in Employment Act (29 U.S.C. §621 et. seq.) Title VII of the Civil Rights Act of 1964 (42 U.S.C. §2000e et. seq.) the Americans with Disabilities Act (42 U.S.C. §12101et. seq.), any other federal, state, or local statutes or laws, and claims arising under City policies and/or collective bargaining agreements. Your release does not include any claims within the exclusive jurisdiction of the Worker's Compensation Appeals Board or any other claims that cannot lawfully be released by private agreement.
5. Section 1542 of the California Civil Code states as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

For the purposes of implementing a full and complete release and discharge of the City, you expressly waive and relinquish all rights and benefits afforded by Section 1542 of the California Civil Code and acknowledge that the release is intended to include and discharge all claims which you do not know or suspect to exist related to your participation in the VEBA at the time you execute this Election Form.
6. You acknowledge that you have not suffered any age or other discrimination or wrongful treatment by the City in connection with your participation in the VEBA.
7. This agreement and your participation in the VEBA shall be governed by and construed in accordance with the laws of the State of California.
8. Subject to Approval from the Internal Revenue Service: The election to participate in the VEBA is currently being reviewed by the Internal Revenue Service (IRS). In addition, I understand that the IRS is also reviewing whether the VEBA Eligible Contributions may be made from the San Jose Police Department and Fire Department Retiree Health Care Trust Fund or the San Jose Federated Retiree Health Care Trust Fund. Please note that implementation of your election is subject to the receipt of these IRS approvals.

You are advised to consult with your own attorney and/or financial advisor before signing this Election Form. You have up to twenty-one (21) days to consider this Election Form, if you wish. If the terms and conditions are satisfactory to you, please sign and return this Election Form to Human Resources Attn: HR-VEBA, 200 E. Santa Clara St. San Jose, CA 95113. If you sign this Election Form, you may change your mind and revoke your agreement during the seven (7) calendar day period after you have signed it, by delivering your notice of revocation in writing to Human Resources Attn: HR-VEBA at the address above. If you do not change your mind and revoke, this Election Form will become a binding agreement between you and the City upon the expiration of the seven (7) calendar day revocation period.