

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 2023 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 2023 HIL/DIL eForm attestation in eWay to qualify for In-Lieu payments for the 2023 calendar year by **Friday, February 17, 2023**, to prevent In-Lieu enrollment from being canceled and medical/dental coverage waived effective 03/01/23.

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. The email will contain the links for employees connected to the City Network or not connected to a City Network. There are two links to access the eForm in eWay from either a [City Network](#) or [Non-City Network](#). Navigate to the 2023 Attestation Health and/or Dental In-Lieu using these links.**

You can complete your Attestation in eWay by using the links below:

- If you are on the City Network (including VPN) then click on this [link](#) 
- If you are not on the City network then click on this [link](#) 

Employees currently enrolled in Health and/or Dental In-Lieu will need to complete the 2023 HIL/DIL eForm attestation in eWay to qualify for In-Lieu payments for the 2023 calendar year by **Friday, February 17, 2023**, to prevent your In-Lieu enrollment from being canceled and your medical/dental coverage waived effective 03/01/23.

- The links will take you directly to the Attestation and the User ID will pre-populate with your Employee ID number and will default to 2023. Click Add

CSJ Health In-Lieu Attestatio

User ID 123456

Year 2023

Add Clear

- 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 my dependents and I 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 value attest that I will maintain coverage in this alternate qualifying group health and/or a dental plan for the 2023 calendar year and I agree to notify the Human Resources, Benefits Division within medical and/or dental insurance plan. I understand that an individual health and/or dental insurance policy (for example Medicare, Covered California, or a policy purchased on a private or s 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 c and correct and understand that the falsification of this Attestation may result in cancellation and repayment of Health and/or Dental In-Lieu payments.

***This attestation is to verify Health and/or Dental In-Lieu for the 2023 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.

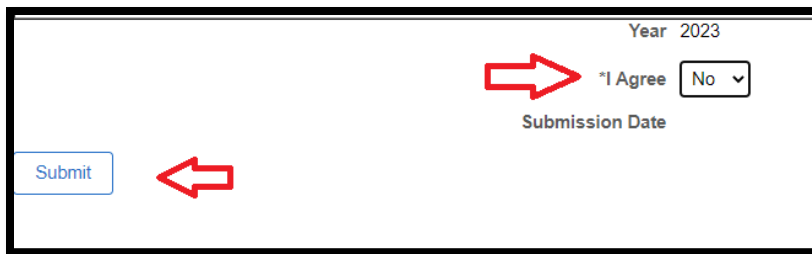
Year 2023

*I Agree Yes

Submission Date

Submit

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. If you select No and have questions, please email HRBenefits@sanjoseca.gov.**

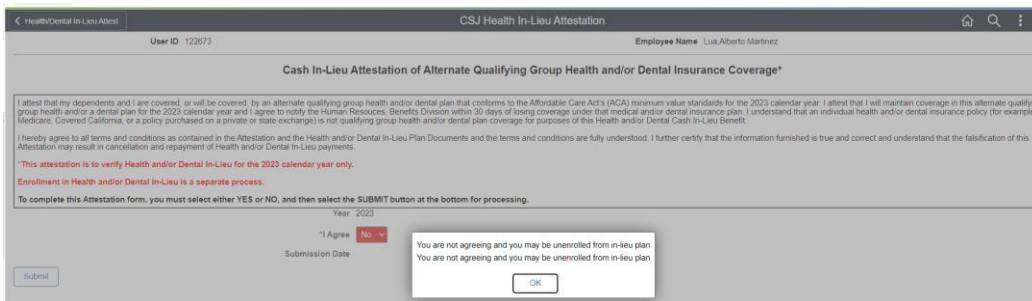


Year 2023

*I Agree **No** ▾

Submission Date

Submit



Health/Dental In-Lieu Attestation CSJ Health In-Lieu Attestation Employee Name: Lua Alberto Martinez

User ID: 122973

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

I attest that my dependents and I 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 value standards for the 2023 calendar year. I attest that I will maintain coverage in this alternate qualifying group health and/or a dental plan for the 2023 calendar year and I agree to notify the Human Resources, Benefits Division within 30 days of losing coverage under that medical and/or dental insurance plan. I understand that an individual health and/or dental insurance policy (for example, Medicare, Covered California, or a policy purchased on a private or state exchange) is not qualifying group 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 certify that the information furnished is true and correct and understand that the falsification of this Attestation may result in cancellation and repayment of Health and/or Dental In-Lieu payments.

*This attestation is to verify Health and/or Dental In-Lieu for the 2023 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: 2023

*I Agree **No** ▾

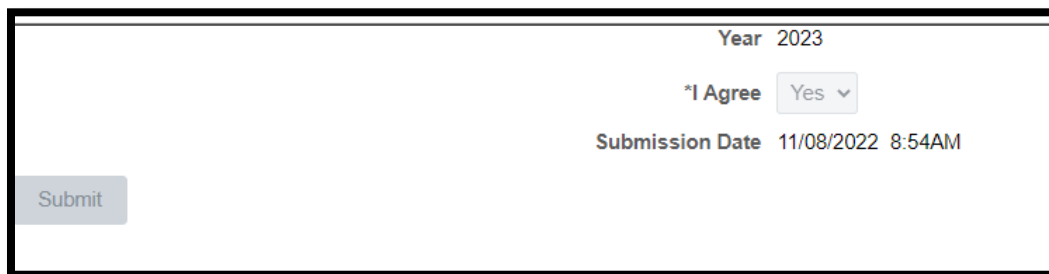
Submission Date

Submit

You are not agreeing and you may be unenrolled from in-lieu plan
You are not agreeing and you may be unenrolled from in-lieu plan

OK

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



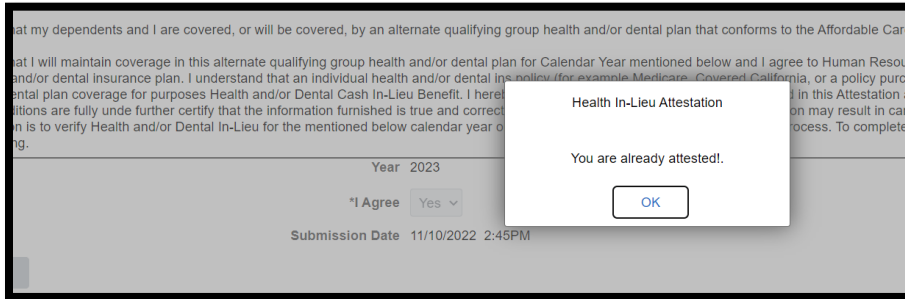
Year 2023

*I Agree **Yes** ▾

Submission Date 11/08/2022 8:54AM

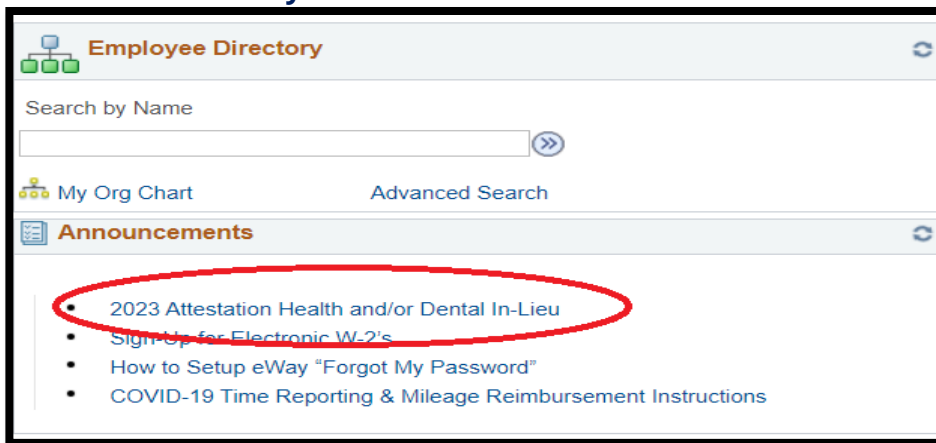
Submit

- 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.**



***** Alternate to Step 1 *****

- Log into eWay and navigate to the 2023 Attestation Health and/or Dental In-Lieu eForm in eWay under Announcements.**




2. This link will take you to the HIL/DIL Attestation from a City or Home Network Connection. Select the appropriate link

To employees currently enrolled in Health and/or Dental In-Lieu,

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 2023 calendar year.

To attest your Health and/or Dental In-Lieu, click on the appropriate link below. Then click Add and follow the on-screen instructions to complete the 2023 Attestation Health and/or Dental In-Lieu eForm.

[InLieu 2023: From City Network](#)

[InLieu 2023: From Home](#) 

2. Move to Step 3 above to complete the form.

If you have any questions, please contact HR at HRBenefits@sanjoseca.gov