

### 1. Request for Disenrollment

I hereby request to disenroll in the State's Premium Only Plan (POP) which provides for the automatic pretax of my share of health/dental premiums deducted from my monthly paycheck. I understand that if I am enrolled in the FlexElect Program for either the Cash Option or the Medical and/or Dependent Care Reimbursement Accounts that my monthly share of health/dental premiums must be pretaxed and this disenrollment request will not be honored. I understand that based on the effective date I have indicated on this form, that the State Controller's Office will make the necessary retroactive adjustments to my Federal, State, and Social Security taxes.

I further understand that reenrollment into the POP will only be allowed during the annual Open Enrollment Period.

Employee Name

Social Security Number

Employing Department

Effective Date

### 2. Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### 3. Processing Instructions

Employee completes form and submits to his/her Personnel Office.

Personnel Office maintains a copy of the form and submits the ORIGINAL to:

State Controller's Office, Deductions Unit  
P.O. Box 942850  
Sacramento, CA 94250

## **PRIVACY NOTICE**

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the plan administrator for the purposes of identification and document processing.

It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in POP disenrollment elections not being processed or being processed incorrectly.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Copies of the Premium Only Plan Request for Disenrollment Form are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Premium Only Plan Request for Disenrollment upon request. Send requests to: State Controller's Office, Personnel/Payroll Operations Bureau, P.O. Box 942850, Sacramento, California 94250-5878, Attention: Benefits Unit.