

CITY OF COLUMBUS
HIGH DEDUCTIBLE HEALTH PLAN
SICK LEAVE RECIPROCITY AND FITNESS INCENTIVE PROGRAMS AGREEMENT

This section to be completed by the employee. Please type or print legibly (illegible forms will be returned)

Employee Name: _____ EE ID#: _____
Date of Hire: _____

Purpose of the form:

Section 125 is part of the IRS Code that allows employees to convert a taxable cash benefit (salary) into non-taxable benefits. Under a Section 125 program you may choose to have your qualified benefit deposited into a Health Savings Account before any taxes are deducted from your paychecks. This form allows you to select the “pre-tax” option for your Sick Leave Reciprocity and/or Fitness Incentive programs.

Items you need to understand and agree to:

- You have been provided material on the City’s Health Benefit program, (defined as High Deductible Health Plan with Health Savings Account Medical, Prescription Drug, Dental, Vision, and Group life) and hereby certify that you have reviewed and understand the information.
- You have reviewed the IAFF contract provisions and payment options available under the Sick Leave Reciprocity and Fitness Incentive.
- You understand that Sick Leave Reciprocity and the Fitness Incentive Lump Sum elections are made annually, and that employee contributions to the Health Savings Account have both annual single and family maximum limits set by the Internal Revenue Service.
- You understand that the payroll deductions under this Agreement will only be effective for the current Plan year.
- You understand that your compensation reported for tax purposes will be reduced in an amount equal to the rate of contribution from your Sick Leave Reciprocity and/or Fitness Incentive payroll contributions as set by the City’s Benefits and Wellness Programs or collective bargaining agreement.



Firefighters making selections must be currently enrolled in the High Deductible Health Plan with a Health Savings Account in an open and active status with CME. Choose all that apply.

Sick Leave Reciprocity – HSA Deposit

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I elect to participate in the Sick Leave Reciprocity program and I elect to deposit my sick leave in my Health Savings Account. **By checking this box, I understand that my sick leave hours will be deposited on a pre-tax basis in my Health Savings Account not to exceed the IRS annual maximum limit set for single/family coverage levels.** I understand that any sick leave hours elected for Sick Leave Reciprocity to be deposited in my Health Savings Account that exceed the IRS annual maximum limit set for single/family coverage levels will be paid out to me on a post-tax basis.

Fitness Incentive – Full Benefit

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I am currently rated at Level II or Level III in each phase of the Physical Fitness Test (PFT) and receiving monthly Fitness Incentive payments. **By checking this box, I understand that my future Fitness Incentive payments will be deposited in a single lump sum on a pre-tax basis in my Health Savings Account not to exceed the IRS annual maximum limit for single/family coverage levels.** By selecting this option, I understand that I will forego the monthly payment of my Fitness Incentive benefit for an entire year, whether or not my Level rating changes during the year I received the lump sum Fitness Incentive.

Signature: _____ Date: _____

