STATEMENT OF UNDERSTANDING
HEALTH BENEFITS ELECTION

Service Member's Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

E-mail address: _____ Phone Number: _____

"Officers, warrant officers and enlisted men and women on active duty in the service of the state shall be eligible for health care benefits 30 days after being called to active duty." [Section 327, California Military and Veterans Code] California National Guardsmen in support of an emergency mission who have been on duty for 30 days will be provided the opportunity to select health benefit coverage.

NOTE: IF YOU ALREADY HAVE HEALTH BENEFIT COVERAGE, SELECT OPTION A AND REMAIN ON EMERGENCY STATE ACTIVE DUTY WITH FIRE PAY RATES.
Contact your agency personnel office for further information.

[OPTION A]
Decline Health Benefits

Most service members already have their own health care benefit through their normal day-to-day (full-time) job and **DO NOT** want or need to have coverage. If you do not want Temporary coverage, please sign the health care benefit election below indicating you **DO NOT** wish to accept this option and will remain on Operation Lightning Strike with Wild Fire Pay until the mission is terminated by proper authority.

☐ I, _____, have been on emergency state active duty (ESAD) in the service of the state for 30 days and do not elect Health Care Benefits at this time. I request that I remain on Emergency State Active Duty for the term of this emergency mission or until I am no longer required to perform active duty or the mission it is terminated, whichever comes first.

_____ _____
Service Member Signature Date Commander's Signature Date

_____
Commanders Printed Name and Phone Number

********** OR **********

[OPTION B]
Accept Health Benefits

Those personnel who select this benefit will complete the necessary documents to authorize the Military Department to change your payroll status and offer the full range of health coverage available.

☐ I _____, have been on Emergency State Active Duty, in the service of the state for 30 days and elect transition to monthly military pay, for the purpose of electing health benefits coverage provisions of Section 327 of the California Military and Veterans Code. I understand that this election of special, health benefits will immediately terminate once I am no longer required to perform Emergency State Active Duty or the emergency mission is terminated. I understand that I must provide personal documentation such as a copy of my Social Security Number card, marriage and/or birth certificates at a minimum for health benefits coverage validation. I further understand I will be paid once a month in this military pay status.

_____ _____
Service Member Signature Date Commander's Signature Date

_____
Commanders Printed Name and Phone Number