



**SCO TIPS FOR 2024 OPEN ENROLLMENT**  
**STD. 701C FLEXELECT CASH OPTION**  
**STD. 702 COBEN CASH OPTION**  
**STD. 701R FLEXELECT REIMBURSEMENT**

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# Summary

## Purpose

The information below is a synopsis of what was presented by the Civil Service Benefits Program Manager during the August 2024 Transaction Specialist Educational Forum. The purpose of this document is to provide Personnel Specialists and Benefits Specialists tips on completing the different open enrollment forms for FlexElect Cash, CoBen Cash and FlexElect Reimbursement Accounts.

## Form Definitions

During open enrollment, there are three different forms for FlexElect Cash, CoBen Cash and FlexElect Reimbursement Accounts. Below is a quick definition for each benefit:

### FlexElect Cash Option

- Form: [STD. 701C](#)
- Benefit Definition: Cash in lieu of your state sponsored health and/or dental benefits. This form is specifically for Represented (CBID: R) employees in R01, R03, R04, R05, R06, R09, R10, R11, R12, R13, R14, R15, R20, & R21 Bargaining units

### Consolidated Benefits (CoBen) Cash Option

- Form: [STD. 702](#)
- Benefit Definition: Cash in lieu of state sponsored health and/or dental benefits for CoBen Employees: R02, R07, R08, R16, R17, R18, R19 & Excluded (S, M, C, E)

### FlexElect Medical/Dependent Care Reimbursement Accounts

- Form: [STD. 701R](#)
- Benefit Definition: Employees can enroll, change, or cancel reimbursement accounts for out-of-pocket medical and dependent care expenses. These accounts let employees set aside money on a pre-tax basis. This increases take-home pay and decreases taxable income.
- Eligible employees must have either:
  - Permanent appointment with a time base of half time or more.
  - Limited Term (LT) and Temporary Authorization (TAU) must have a mandatory right of return to a permanent position with a time base of half time or more.
- Permanent Intermittent (PI) employees are not eligible for Medical/Dependent Care Reimbursement accounts.

## Important Dates

- 2024 Open Enrollment Period – September 16 - October 11, 2024
- Permitting Event Date: 9/16/2024

- Effective Date: 01/01/2025
- Last day to upload Open Enrollment forms: November 1, 2024
- Last day to upload forms corrected as a result of PR250: November 20, 2024
- Last day for employees to submit cancellation/changes to Cash Option or Reimbursement Accounts: December 31, 2024
- Last day for agencies to submit cancellation/changes to Cash Option or Reimbursement Accounts: January 2, 2025

## Helpful Resources

- [CalHR Benefits Administration Manual - FlexElect Program](#)
- [CalHR Benefits Administration Manual – Consolidated Benefits \(CoBen\)](#)
- [Department of General Services - Forms](#)
- [CalHR Virtual Bookshelf](#)
- [2025 FlexElect Handbook](#)
- [CalHR Open Enrollment Resources](#)
- [CalHR Benefits Calculator](#)
- [ConnectHR Directory](#)

## FlexElect Cash STD. 701C and CoBen Cash STD. 702 Tips

### Employee Eligibility Tip

Employees may be eligible for either the FlexElect Cash or CoBen Cash, but not both. In some scenarios, employees are not eligible for either benefit. This section provides helpful tips when confirming eligibility from the form itself.

### FlexElect Cash Option STD. 701C

STD. 701C is only used for specific Represented Employees within certain bargaining units. Collective Bargaining Identifier (CBID) starts with "R". In section 4 of the form, it states which CBID is eligible to use this form.

BENEFIT ITEM	ENTER MONTHLY CASH OPTION AMOUNT AND TOTAL	
4. <b>FlexElect Cash Option 354-001</b>  <b>Bargaining Units 1, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14, 15, 20 and 21</b>	A. <b>Health (\$128)</b>	\$ <input type="text"/>
	B. <b>Dental (\$12)</b>	\$ <input type="text"/>
	C. <b>Total Cash Option (\$140)</b>	\$ <input type="text"/>

Employees eligible to use STD. 701C can receive cash in lieu of benefits three ways:

- Only health (\$128)
- Only dental (\$12)
- Both health & dental (\$140)

### CoBen Cash Option STD. 702

STD. 702 is only used select Represented Employees within certain bargaining units (CBID starts with "R") and for Excluded Employees (S, M, E, C). In section 4 of the form, it states who is eligible to use this form.

BENEFIT ITEM	ENTER MONTHLY CASH OPTION AMOUNT AND TOTAL
4. <b>CoBen Cash 354-020</b>	A. <b>Health Only (\$130)</b> \$ _____
<b>Bargaining Units 2, 7, 8, 16, 17, 18, 19, and Excluded Employees</b>	B. <b>Health and Dental (\$155)</b> \$ _____

Employees eligible to use STD. 702 can receive cash in lieu of benefits two ways:

- Only health (\$130)
- Both health & dental (\$155)

## Common Form Errors

### Section 6

This section must be filled out entirely. Below is an example:

A. HEALTH INSURANCE PLAN NAME Kaiser Permanente	C. OTHER QUALIFYING GROUP COVERAGE THROUGH (Check one) <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other
B. DENTAL INSURANCE PLAN NAME N/A	D. IF YOUR HEALTH AND DENTAL INSURANCE IS THROUGH YOUR SPOUSE, DOMESTIC PARTNER, OR PARENT, COMPLETE THIS ITEM Employer: <input type="checkbox"/> State <input checked="" type="checkbox"/> Other    Spouse's, Domestic Partner's, or Parent's Social Security Number 555-55-6666

- 6 A & B Important Note: Employees covered under individual coverage, such as TRICARE\*, Medicare, Medi-Cal, and Covered California are NOT eligible for the Cash Option, even if they meet the minimum value standards. This includes

Employees covered under individual coverage, such as TRICARE\*, Medicare, Medi-Cal, and Covered California are not eligible for the Cash Option, even if they meet the minimum value standards. This includes Veterans Administration (VA) coverage, and Indian Reservations.

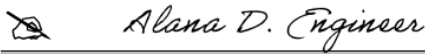
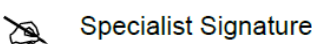
\*Rank and file employees in Bargaining Unit 2 covered under TRICARE are eligible for the CoBen Cash Option.

- 6D must be filled out entirely if health and/or dental coverage is under another person. The Social Security Number must be included.

D. IF YOUR HEALTH AND DENTAL INSURANCE IS THROUGH YOUR SPOUSE, DOMESTIC PARTNER, OR PARENT, COMPLETE THIS ITEM	
<b>Employer:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Spouse's, Domestic Partner's, or Parent's Social Security Number</b> 555-55-6666

### Agency Use Only Section

This section must be filled out entirely, with the exception for Section 11 and 12 during open enrollment. Below is an example:

<b>I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THE FLEXELECT PROGRAM AS OUTLINED ON THIS ENROLLMENT FORM AND IN THE FLEXELECT HANDBOOK.</b>				
EMPLOYEE SIGNATURE  <i>Alana D. Engineer</i>				DATE SIGNED 9/16/24
<b>AGENCY USE ONLY</b>				
8. EFFECTIVE DATE OF ACTION MO DAY YEAR 01 -1- 25	9. EMPLOYEE CBID R09	10. TIME BASE/TENURE FT/P	11. PERMITTING EVENT DATE MO DAY YEAR	12. PERMITTING EVENT CODE
13. HEALTH FORM ATTACHED (HBD-12) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. DENTAL FORM ATTACHED (STD. 692) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	15. PERMANENT INTERMITTENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. AGENCY CODE 123	17. UNIT CODE 456
18. REMARKS Open Enrollment - EE enrolling to include dental cash. STD. 692 cancel attached		19. AGENCY NAME Your Agency		
		20. AUTHORIZED AGENCY SIGNATURE I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency, that I am authorized to make this certification, and that the employee named herein is eligible for enrollment in the State FlexElect Program.  Specialist Signature		23. DATE RECEIVED IN EMPLOYING OFFICE MO DAY YEAR 9 17 2024
21. EMAIL ADDRESS transactions@agy.ca.gov		22. TELEPHONE NUMBER (give area code) 555-555-5555		

- Box 13: If your agency uses myCalPERS, then including the HBD-12 with the form is optional. You DO however need to make sure the new/cancel is keyed in myCalPERS prior to submitting the FlexElect / CoBen Cash Option Form.
- Box 14: You only need to attach the STD. 692 Dental Form if there is a change to the Cash Option. If employee is only signing up for "health only", then no STD. 692 needs to be attached.

### Section 9

This is another check to make sure the employee is using the correct form. Collective Bargaining Identifier (CBID) of the employee matches with one eligible in Section 4 of the form.

AGENCY U	
9. EMPLOYEE CBID R01	10. TIME BASE/TENURE P/FT

## Sections 11 & 12

Permitting Event Date & Event Code shall be left blank for open enrollment.

ISE ONLY			
11. PERMITTING EVENT DATE			12. PERMITTING EVENT CODE
MO	DAY	YEAR	

## FlexElect Medical/Dependent Care Reimbursement Accounts STD. 701R

### Summary of Benefits

Employees can enroll, change, or cancel into two different reimbursement accounts:

1. For out-of-pocket medical expenses, and
2. Dependent care expenses.

These accounts let employees set aside money on a pre-tax basis. This increases their take-home pay and decreases their taxable income. **Note:** Permanent Intermittent Employees are not eligible for Reimbursement Accounts.

### Minimums/Maximums Contributions

There are minimum and maximum contributions that employees must stay in-between when electing for these benefits. Below is a table showing this information.

Reimbursement Account	Minimum Monthly Amount	Maximum Monthly Amount
Medical	\$10	\$266.66
Dependent Care	\$20	\$416.66

For example, if an employee enrolls in the Medical Reimbursement Account, then they must at least contribute \$10 per month. At most, they can contribute \$266.66 per month. If the employee selects a dollar amount outside this range, they must correct the form prior to submitting to SCO.

## Medical Reimbursement 2024

- Monthly Medical Reimbursement Minimum: \$10.00
- Annual Medical Reimbursement Minimum: \$120.00
- Monthly Medical Reimbursement Maximum: \$266.66
- Annual Medical Reimbursement Maximum: \$3,200.00

## Dependent Care Reimbursement 2024

- Monthly Dependent Care Reimbursement Minimum: \$20.00
- Annual Dependent Care Reimbursement Minimum: \$240.00
- Monthly Dependent Care Reimbursement Maximum: \$416.66
- Annual Dependent Care Reimbursement Maximum: \$5,000.00

## STD. 701R Form Tips

### Minimum and Maximum Examples

Employees can elect one or both accounts on the same form.

Below is an example of an employee electing both Medical and Dependent Care Reimbursements accounts at the minimum monthly contribution amounts:

BENEFIT ITEM	4. For SCO Use Only DED/ORG CODE	5. TOTAL MONTHLY AMOUNT TO BE DEDUCTED
Medical Reimbursement Account (MRA)	352 -	A. \$ 10.00
Dependent Care Reimbursement Account (DCRA)	353 -	B. \$ 20.00

Below is an example of an employee electing the maximum monthly contributions for both Medical and Dependent Care accounts:

BENEFIT ITEM	4. For SCO Use Only DED/ORG CODE	5. TOTAL MONTHLY AMOUNT TO BE DEDUCTED	6. For SCO Use Only Type of Change
Medical Reimbursement Account (MRA)	352 -	A. \$ 266.66	
Dependent Care Reimbursement Account (DCRA)	353 -	B. \$ 416.66	



## 'Agency Use Only' Section

Permitting Event Date & Event Code can be left blank.

11. PERMITTING EVENT DATE MO   DAY   YEAR	12. PERMITTING EVENT CODE
15. AGENCY NAME <b>Your Agency</b>	
17. AUTHORIZED AGENCY SIGNATURE I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency, that I am authorized to make this certification, and that the employee named herein is eligible for enrollment in the State FlexElect Program. <i>Personnel Specialist Name</i>	

## ConnectHR Upload Tips

Follow these tips for expedited processing by SCO and to reduce potential rework on your end. It is recommended to "Microsoft Print to PDF" forms prior to any ConnectHR upload.

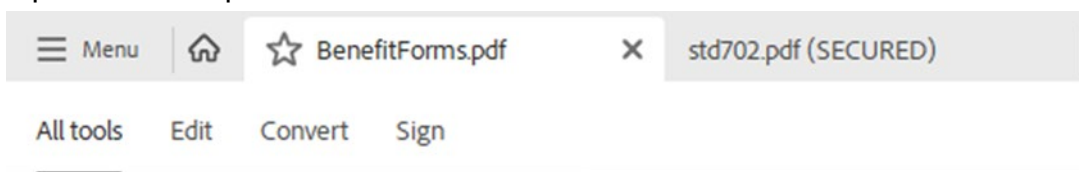
### Combine STD. 692 and STD.701C/702 prior to submitting

Attach any associated STD. 692 (New or Cancel) to either the STD. 701C or STD. 702 prior to ConnectHR upload. If you upload the STD. 701C or STD. 702 form with an included STD. 692,

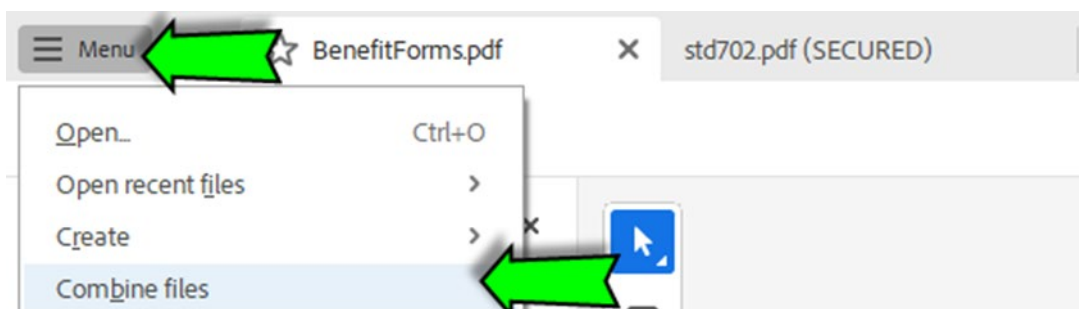
**do not** upload an additional STD. 692 separately.

Below is one example on how to combine the STD. 692 and STD. 702.

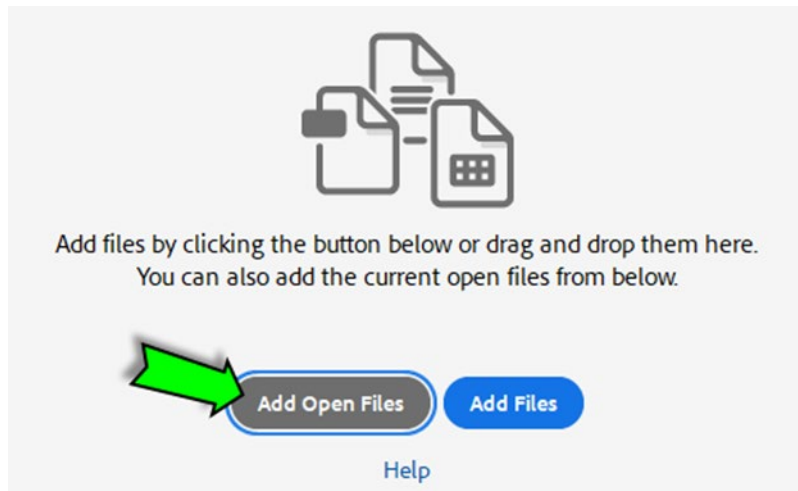
1. Open both completed forms in Adobe Acrobat.



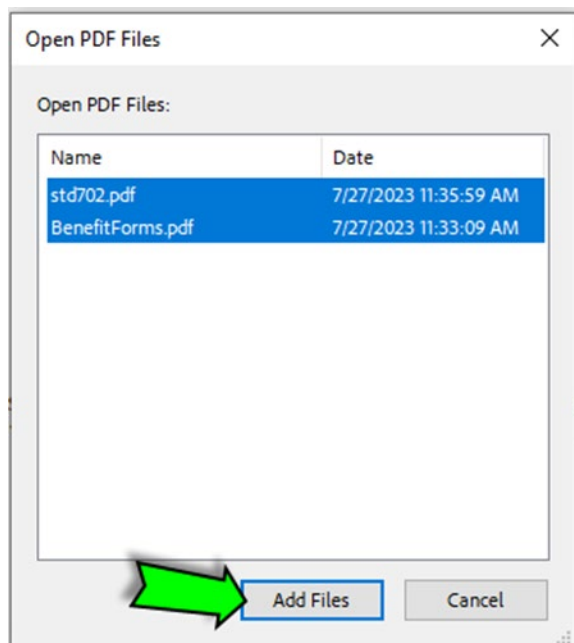
2. Click 'Menu' and select 'Combine Files'.



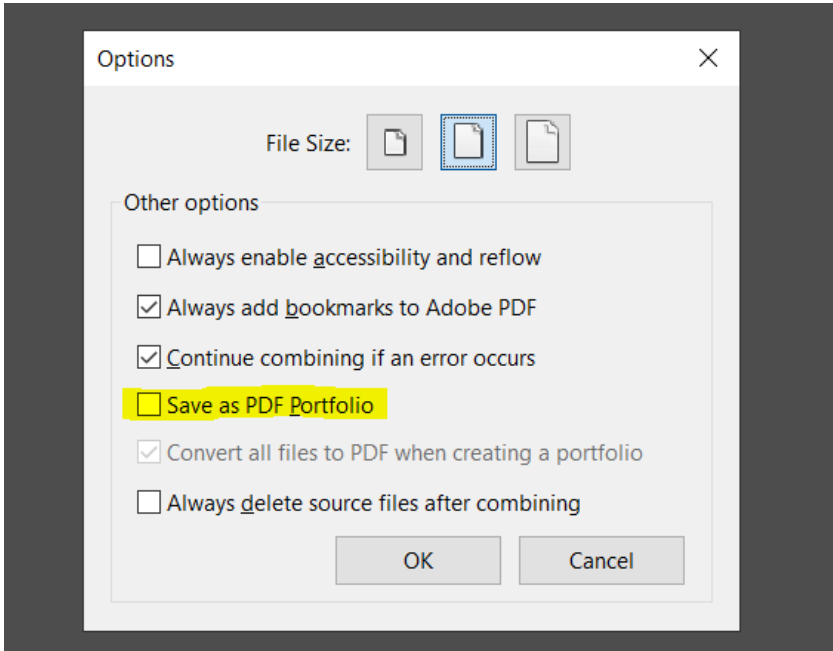
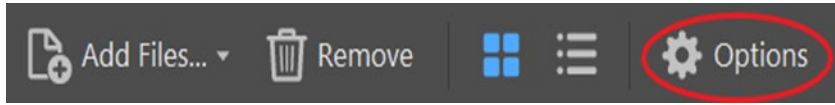
3. A new window will display asking you to select the files. Click 'Add Open Files'.



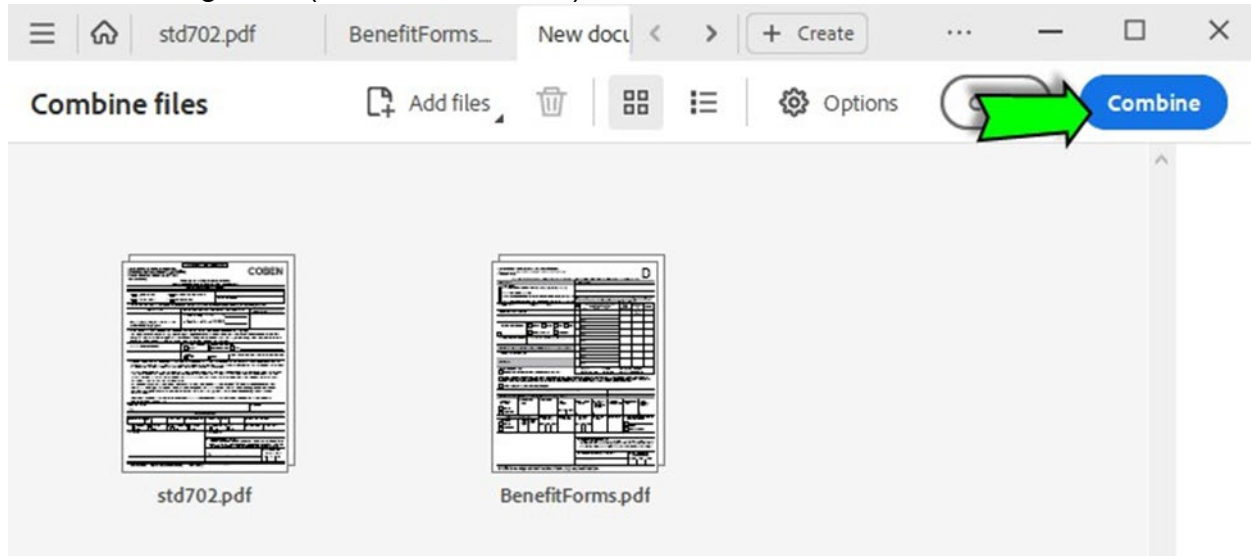
4. A pop-up will display allow you to select the files to combine. Make sure both files are highlight and select 'Add Files'.



5. Prior to combining, Check the “Options” button and ensure the “Save as Portfolio” box is Un-checked as shown below!



6. Press ‘Combine’ in the upper right-hand corner to put them together. **Note:** if an error occurs, you may need to “Microsoft Print to PDF” the individual forms prior to combining them (instructions below).



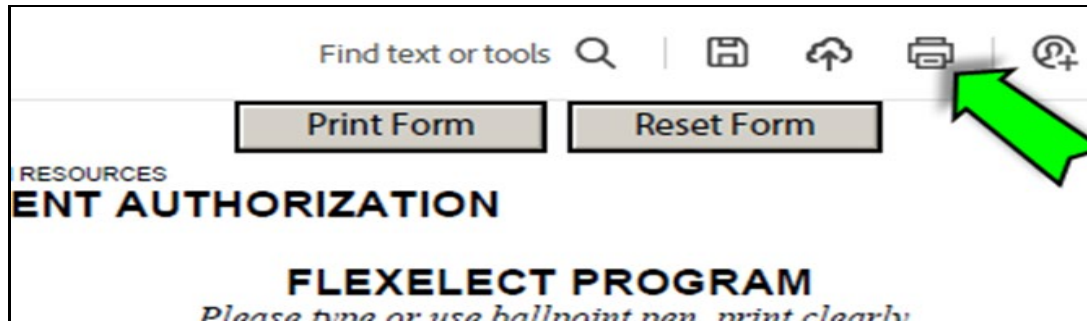
7. The documents should now be combined. Follow the next section on how to save as “Microsoft Print to PDF”.

## Save as “Microsoft Print to PDF”

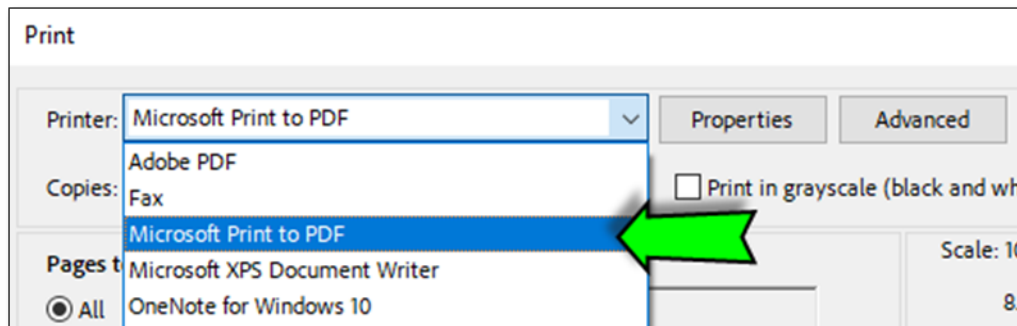
SCO **cannot** process forms received with passwords or combined in an Adobe XML or Adobe Portfolio document. Please “Microsoft Print to PDF” the forms prior to upload to expedite processing.

To do this, follow the example below:

1. On Adobe Acrobat, click the printer icon that can be found in the upper right-hand side. Alternatively, press Ctrl+P.



2. A pop-up will display the printer options. Under 'Printer', select Microsoft Print to PDF.



## Do not re-submit duplicate forms via ConnectHR

If you received a ConnectHR email confirmation receipt, then SCO has the form(s).

As stated earlier, if you upload the STD. 701C or STD. 702 form with an included STD. 692, **do not** upload an additional STD. 692 separately. This would also be a duplicate form.

Check the [Weekly Processing Dates](#) prior to calling the Statewide Customer Contact Center for inquiries. If the date on the Weekly Processing Dates has not passed the upload ConnectHR email confirmation date, that means we have not worked on your document yet.