Beneficary Information

Deferred Compensation

457(b) Plan, 457 PST (Part time, Seasonal Temporary) Plan, & 401(a) Plan

Last Warrant Designee

The person who will receive your final check upon death

Life Insurance

The County provides a basic Life Insurance Plan (includes AD&D) to all eligible employees. There is no cost to the employee for basic life insurance. You may also have voluntary life insurance at a cost based on your previous election.

Health Savings Account (HSA)

Employees enrolled in a High Deductible plan have the option to contribute to an HSA account to use for medical, dental, and vision expenses.

Retiree Health Savings Plan (RHSP)

The County contributes \$25 per pay period towards this savings program for active employees

Retirement Pension Plan

Sacramento County Employee Retirement System (SCERS)

- Website: www.netbenefits.com/saccounty
- •To access the form: Log in, select Menu in the top left corner, select Profile, select Beneficiaries, select Get Started (if new), select Edit (if already have an account), make changes and select Save All
- •Contact Fidelity: (800) 343-0860
- Website: http://essmss.saccounty.net/mysaccounty/
- •Form Name: Last Warrant Designee Form (LWD)
- •To Submit: Log in to ESS, select Employee Self-Service, go to Personal Information, and select the Last Warrant Designee link, complete form, select Save in the upper left corner
- •View completed forms: ESS, go to Personal Documents, and select Human Resources Documents
- •Contact- Your HR Payroll Team
- •Website: https://presents.voya.com/EBRC/saccounty
- To make changes: http://www.benefitbridge.com/saccounty
- •Login to Benefit Bridge and select "Make Changes to My Benefits." Navigate to VOYA Voluntary Term Life page and select "Add/Change Beneficiaries and Distribution".
- Contact Voya (877) 236-7564 or EBO (916) 874-2020 or via email at mybenefits@saccounty.gov
- •Website:www.optumbank.com or https://learn.healthequity.com/countyofsacramento/hsa/
- To access the form: https://personnel.saccounty.net/Benefits/Pages/Docume nts.aspx
- •Form Name: Forms for Current Employees / Health Savings Account (HSA) / Optum Beneficiary Designation Form (Sutter, Kaiser); Health Equity HSA Beneficiary Designation Form (WHA)
- •For Kaiser/Sutter participants, send completed form by mail to: Optum Bank, P.O. Box 30777, Salt Lake City, Utah 84130 or send by fax: 1-800-765-6766.
- •For WHA participants, send completed form by mail to: Health Equity, Attn: Member Services. 15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020 or send by fax: 801-727-1005
- Contact Optum Bank (Kaiser/Sutter) (844-326-7697) or Health Equity (WHA) (877-300-4987)
- Website: https://www.icmarc.org/
- •To access the form: Contact MisssionSquare and request a Beneficiary Form
- Fax completed form to: (202) 682-6439Contact MissionSquare (800) 669-7400
- Website: SCERS.org
- •To access the form: Select Forms, select Still Working, and select Member's Affidavit
- •Return the completed form by mail or in person to SCERS at 980 9th Street, Suite 1900, Sacramento, CA 95814; email SacRetire@SacCounty.net or call SCERS at 916-874-9119 to request a digital (DocuSign) version.