



# Temple City Unified School District

## Waiver of Coverage under the School District's Group Healthcare Plan

**All benefits eligible employees who choose to waive medical coverage under the district's group plan must complete this waiver form.**

Employee Name: \_\_\_\_\_

Employee SS# \_\_\_\_\_

Employee Eligibility Start Date\* \_\_\_\_\_

Plan Year January 1, 2021 – December 31, 2021

*\*This is the date that the coverage would have started had you enrolled in the coverage*

On behalf of myself, my spouse (if any) and my dependents (if any), I waive the option to enroll in the School District's Group Healthcare Plan (the "Plan") offered for the following reasons:

*Please select from the following all that apply:*

- ☐ I have healthcare coverage through a group or individual healthcare plan outside of the school district.  
Carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_
- ☐ I am covered by Medicaid.
- ☐ I am covered by Medicare.
- ☐ I have other healthcare coverage for myself: \_\_\_\_\_ (Explain.)
- ☐ I have other healthcare coverage for my dependents: \_\_\_\_\_ (Explain.)
- ☐ I am exempt: \_\_\_\_\_ (Explain.)
- ☐ My dependents are exempt: \_\_\_\_\_ (Explain.)
- ☐ I do not wish to enroll myself, my spouse (if any) or dependents (if any) in healthcare benefits at this time.

I acknowledge that the Plan was explained to me, including notice that the Plan satisfies the Affordable Care Act's definitions of minimum value and affordability. As a result, I, my spouse (if any), and my dependents (if any) (collectively, the "Coverage") will not be eligible for premium tax credits or cost sharing assistance through the Healthcare Exchange.

I understand that if I, my spouse (if any) and/or my dependents (if any), do not have healthcare coverage I may be assessed a tax penalty by the Internal Revenue Service.

I understand that if I wish to enroll myself, my spouse (if any), and/or my dependents onto the Plan at a time other than during my School District's Open Enrollment, in addition to the School District's requirements for eligibility, the requirements for Special Enrollment, as summarized below, must also be satisfied. Otherwise, I will need to wait until the next Open Enrollment.

I understand that I have the right to apply for Coverage under the Plan and have been provided the opportunity to apply for such Coverage. However, I have declined to enroll myself, my spouse (if any), and my dependents (if any). I have made this decision voluntarily.

I have reviewed this form, understand its contents, and have provided my answers herein in order to waive coverage under the School District's Healthcare Plan, and I certify that all of the information completed on this form is true, correct and complete.

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

\_\_\_\_\_  
Date

### Special Enrollment

If you are declining enrollment onto the school district's healthcare plan during the school district's Open Enrollment for yourself, your spouse or your dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents onto the school district's healthcare plan outside of Open Enrollment if you, your spouse or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your, your spouse's or your dependents' other coverage). However, you must request enrollment within **30 days** after your, your spouse's or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse and your dependents onto the district's healthcare plan outside of Open Enrollment. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact [Lucy Lin](#), who can be reached at [626-548-5123](#).