



**HEALTH INSURANCE WAIVER**

Relevant Waiver Period: July 1, 2018 through June 30, 2019

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

Tooele City offers a health plan to benefit eligible employees who work an average of 30 hours per week. Coverage is also available to your legal spouse and children up to age 26, including step-children and married children.

Tooele City's health plans meet the minimum value standard and coverage to you is affordable (single coverage is free) pursuant to the Affordable Care Act standards. Tooele City's Waiver plan is designed to meet the provisions of an "Eligible Opt-Out Arrangement" pursuant to the "affordability" provisions of the Affordable Care Act (ACA) and IRS requirements.

Eligible employees may "waive" participation in the health plan, in exchange for cash payment, provided that:

1. The employee provides on an annual basis, "reasonable evidence" that the employee and all members of the employee's tax family (dependents on his/her tax return) have or are expected to have minimum essential coverage (MEC) for the duration of the relevant waiver period for which waiver payment is offered.
2. The MEC cannot be coverage in the individual market, either on or off the exchange; but it can be government coverage such as Medicare part A, most Medicaid, CHIP, military, and most TRICARE programs.
3. Tooele City may not make a waiver payment if we know or have reason to know that the employee or family member does not or will not have MEC.
4. The waiver option is not available to employees who, both employed by Tooele City, and/or who are covered under the Tooele City Health Plan either by single, double, or family coverage.

By signing this election form, you are declining enrollment in Tooele City's health insurance plan for yourself and your dependents and attesting that you meet the eligibility criteria listed above.

You will not have another opportunity to enroll until our next open enrollment period unless you qualify for a "Special Enrollment" period. In the event you lose coverage in another health plan, you have the right to request enrollment in our plan within 60 days after your other coverage ends. 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 and your dependents in our plan, provided you request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. You and your dependents, however, will be treated as a new entrant into the plan and will be subject to all the terms and conditions, as applicable. In addition, you may be subject to "Late Enrollee" preexisting condition restrictions if you enroll at a later date. You will be responsible for your portion of premiums from the date of the special enrollment action (i.e. birth, etc.). \*Note that life insurance changes only provide a 30 day Special Enrollment Period.

**It is your responsibility to notify the human resource office, should you become eligible for "Special Enrollment".**

The waiver payment is **\$3,313.44\*** this plan year, payable in two pro-rated payments. This will be included as taxable income in your paycheck on the first pay period of December and June and will be included in the "regular rate of pay" for overtime calculation for overtime hours work during the respective representation period. There is no guarantee that this benefit option will be provided for future fiscal years.

Under the Affordable Care Act laws, you will receive form 1095C showing that you were offered minimum essential coverage, and that you declined the coverage.

I am covered elsewhere by: \_\_\_\_\_  
Source (i.e. spouse, retirement, military)                      Plan Name/Insurance Carrier

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Amount is prorated on a monthly basis based on election date.