

ACA BENEFIT WAIVER FORM < current year>

Employee Name: _____
Print Last Name First Name

Date _____

I am employed by _____ as a full-time employee (working at least 30 hours per week). I am being given the opportunity to enroll myself and my dependents in the Minimum Value/ACA Compliant group health benefits plan(s) offered by my employer at an Affordable Level and I decline this coverage.

Duration of Coverage in This Offer: January 1st, < current year> – December 31st, current year> I decline this coverage, because I have coverage from:

My spouse's employer

Insurance Name: _____ Policy Number: _____

Medicare

Insurance Name: _____ Policy Number: _____

Medicaid

Insurance Name: _____ Policy Number: _____

Union health plan

Insurance Name: _____ Policy Number: _____

Another source of coverage (please specify): _____

Insurance Name: _____ Policy Number: _____

I certify that all information provided in this form is true and complete. By declining group health benefits, I acknowledge that I and/or my dependent(s) may have to wait until the plan's next open enrollment period to request group coverage and that I may not qualify for a subsidy on the PPACA Health Exchange. I also acknowledge that by declining coverage I could be subject to a penalty under the Individual Mandate.

Print Name _____

Date of Birth _____

Signature _____

Date _____

Your plan sponsor or certain third parties affiliated with the plan sponsor may provide you with information regarding health care coverage options available to you and your family through your employer or through certain alternative coverage options. All such information is provided for informational purposes only, and all decisions relating to your health care coverage must be made by you and your family exclusively, in consultation with your advisors. Any statement made by any individual relating to your coverage options is only a starting point for the work you need to do to confirm the information is applicable to your situation and to determine which coverage option is best for you and your family, given that much of the information is brief and important information may be omitted. Your employer provides no incentive, recommendation or advice relating to any alternative coverage or what option is appropriate for you.