Waiver of Group Health Benefits & Notice of Special Enrollment Rights

To voluntarily choose to waive Group Health Coverage, please complete the following:

Employee Name:		
Last	First	MI
For the plan year , I am waiving cover	age for:	
Myself Spouse :		
Dependent(s) – Please list name(s): _		
I am waiving coverage due to:		
My preference not to have coverage	2	
Coverage under my spouse's plan –	name of carrier:	
Other coverage – name of carrier: _		
This other coverage is: Indiv	vidual COBRA Medicare	Medicaid
TRICARE (formerly CHAMPUS) Employe	r-Sponsored Group Plan
Special Enrollment Notice and Certifi	<u>ication</u>	
Please review and sign below if you wish to waive	e coverage:	
By signing below, I certify that I have been a my eligible dependents, if any. I am declining declining enrollment for myself or my eligible insurance or group health plan coverage, I may plan if I lose, or my eligible dependents lose contributing towards my or my eligible dependents	g enrollment as indicated above. I dependents (including my spouse) y be able to enroll myself and my e eligibility for that other coverage (understand that if I am because of other health ligible dependents in this
I understand that I must request enrollment enrollme		-

not be able to enroll until my employer's next annual open enrollment period.

In addition, I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

I understand that in order to request special enrollment or obtain more information, I should contact my group administrator.

Employees and dependents who lose eligibility under a Medicaid plan or CHIP and employees and dependents who become eligible for a premium assistance subsidy under Medicaid or CHIP must be given 60 days after the loss of coverage or determination of eligibility for assistance to request coverage under the group health plan

Since passage of the Affordable Care Act (ACA) in 2010, the delivery of healthcare services in America has been redefined by a steady flow of new benefits, requirements and regulatory guidelines. Implementation of the ACA occurred on January 1, 2014, at which time an important new delivery system — **Healthcare Exchanges**, also known as the **Health Insurance Marketplace**, was introduced. This marketplace is another vehicle available to you for purchasing health insurance. You are not required to purchase insurance coverage through the Marketplace, as we will continue to offer health coverage to all eligible employees.

The ACA's individual mandate requires most people to have health insurance or pay a penalty tax. The fee for not having medical coverage for 2016 is calculated 2 different ways — as a percentage of your household income, and per person. You'll pay whichever is higher... as shown below:

Percentage of income:

- 1. 2.5% of household income
- 2. **Maximum:** Total yearly premium for the national average price of a Bronze plan sold through the Marketplace

Per person:

- 1. \$695 per adult
- 2. \$347.50 per child under 18
- 3. Maximum: \$2,085

Employee Signature	Date	
Please return to Trupti Kapoor at trupti.k@sstech.us .		

Note: This form does not cancel coverage. If you wish to cancel existing coverage for the 2016 plan year, you must submit a written request to Trupti Kapoor. Please specify all types of coverage that you wish to cancel.