

City of Clearwater  
Medical Insurance Waiver and Release  
Plan Year 2022

I, the undersigned, hereby voluntarily enter into and agree to the following conditions in order to be permitted to waive my participation and that of any eligible dependents in any medical insurance plan option available to City of Clearwater employees for health insurance plan year 2022:

- I understand and agree my election to waive medical insurance coverage for myself and any eligible dependents under the City's plan is strictly voluntary on my part.
- I understand and agree the City will not provide compensation to me in any form as a condition of permitting my election to waive participation in the City's medical insurance plan.
- I understand and agree that by electing to waive participation in the City's medical insurance plan I will be eligible to re-enroll in the City's medical insurance plan only if I experience a qualifying event during the plan year, or during the next open enrollment period.
- I understand and agree that by electing to waive participation in the City's medical insurance plan neither I nor any of my eligible dependents will be permitted to utilize the City's Employee Health Center.
- I affirm that I am currently under no obligation or settlement terms, legal or otherwise, to provide medical insurance coverage for any person who may legally be considered an eligible dependent.
- I hereby agree to protect, indemnify, and hold the City and its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising directly or indirectly out of my election to waive participation for myself and any eligible dependents in the City's medical insurance plan.

Signed, \_\_\_\_\_

STATE OF FLORIDA )  
COUNTY OF PINELLAS )

BEFORE ME personally appeared \_\_\_\_\_, who acknowledged  
executing the foregoing instrument. (S)he is personally known to me and did not take an oath.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print/Type Name: \_\_\_\_\_  
Notary Public