

Group Medical Plan Waiver Form for Plan with Conditional Opt-out Bonus

Name _____

You now have the opportunity to enroll for group medical plan coverage in the Kalamazoo RESA medical plan offerings. If you do not enroll yourself and any eligible dependents during your 30 days open enrollment period your next opportunity to enroll will be during the plan's annual enrollment period each year, unless you qualify for a special enrollment.

Special Enrollments

If you are declining enrollment for yourself and/or your tax dependents (including your spouse) because of other group medical coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. In addition, in order to have special enrollment rights for you and your dependents, you must complete this form indicating that the other coverage is reason you are waiving coverage under this plan and you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

In order to receive the opt-out bonus you must attest that you and your tax dependents are enrolled in minimum essential coverage that is not individual medical insurance.

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/or your dependent(s). 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, please contact your Human Resources Department at 269-250-9297.

Check here to confirm that you and your tax dependents (including spouse) are covered by other group medical coverage

Name of Plan: _____

The other coverage is the reason for not enrolling myself and/or my eligible dependents under the Kalamazoo RESA medical plan offerings.

I am providing documentation that shows my coverage by other group medical coverage.

I understand that by not enrolling in plan coverage now, the opportunity to enroll later is limited as explained above.

I understand that the opt-out bonus is contingent on enrollment in other medical coverage for myself and my tax dependents and that I must notify Human Resources within 30 days if that other coverage is terminated.

Signature

Date