



Meramec Valley R-III School District

Waiver of Employer Sponsored Health Insurance Coverage

This form acknowledges that I have been given the opportunity to participate in the employee health benefits programs offered by Meramec Valley R-III School District. I am waiving health insurance coverage because I am covered elsewhere under another group health plan. I understand that I must provide documentation of the health insurance coverage provided to me outside of Meramec Valley R-III School District. That documentation must be attached to this waiver form.

I UNDERSTAND THAT THIS WAIVER FORM AND THE DOCUMENTATION FOR PROOF OF HEALTH INSURANCE COVERAGE MUST BE PROVIDED TO THE HUMAN RESOURCES DEPARTMENT BY SEPTEMBER 15, 2019. IF THESE ITEMS ARE NOT PROVIDED BY SEPTEMBER 15, 2019, I WILL BE AUTOMATICALLY ENROLLED IN THE DISTRICT-PAID HEALTH INSURANCE PLAN AND WILL NOT BE ALLOWED TO WAIVE COVERAGE. **THERE WILL BE NO EXCEPTIONS TO THIS DEADLINE.**

Note that if you waive Meramec Valley R-III School District's health coverage, which is considered affordable and minimum essential coverage under the Affordable Care Act, you will not qualify for government credits and subsidies to purchase individual health insurance on the Health Insurance Marketplace. If you do waive coverage with Meramec Valley R-III School District and apply for subsidies and government credits to purchase health insurance on the Marketplace, you will face IRS penalties and repayments. Under the Affordable Care Act, generally those who don't have health insurance coverage will have to pay a penalty. To learn more about the ACA health insurance requirements, visit www.healthcare.gov or call 1-800-318-2596.

By signing this form, I acknowledge that I am waiving my right to participate in the health insurance plans offered by Meramec Valley R-III School District. I understand that in waiving my right to participate, I will not have the opportunity to re-enroll until the next open enrollment period, unless I have a qualifying event. If you waive coverage for yourself, you may not cover dependents under the District's plan.

I understand the consequences of my waiver of coverage in the current plan year. I am aware of, and understand, the provisions of Meramec Valley R-III School District's health insurance plan options available to eligible employees. I also understand that I will be required to submit this waiver form and documentation of other health coverage each plan year.

Employee Signature

Date Signed

Print Name

Plan Year 2019-2020