

Waiver of Participation

Employer: Mid-Del Schools

Coverage Effective Date: January 01, 2023 to December 31, 2023

I understand that my dependent children and I are eligible for major medical coverage and have an opportunity to purchase this coverage.

I understand that the individual mandate from Health Care Reform that requires almost all individuals to obtain minimum essential coverage is still in place.

At this time, after careful review, I elect not to enroll in the major medical coverage.

Employee Name (please print): _____

Employee Signature _____

School Site _____ **Date:** _____