



Waiver of Group Health Coverage

Employee Name: _____
(Last Name) (First Name) (MI)

Employee Number: _____
(Social Security #)

TYPE OF WAIVER: MEDICAL PLAN

I understand that I have been offered the opportunity to enroll in medical coverage for myself and my dependents through Engage PEO (and my worksite employer). My employer offers medical coverage that meets both minimum value and is deemed affordable under the Affordable Care Act. I therefore understand that should I apply, I would not be eligible for a subsidy through the public Health Insurance Marketplace (www.healthcare.gov).

I decline enrollment at this time because:

I have other medical coverage provided by: Name of carrier: _____

This other coverage is:

- Other Employer Sponsored Group Plan through _____
- COBRA
- Medicare
- Medicaid
- TRICARE (formerly CHAMPUS)
- Individual

I do not wish to enroll myself in any type of medical coverage at this time.

I do not wish to enroll my spouse child(ren) in any type of medical coverage at this time.

SPECIAL ENROLLMENT RIGHTS

I understand that if I am declining enrollment for myself and my dependents (including my spouse or domestic partner) because of other health care coverage, that I may enroll either myself or my dependent in this plan prior to the next open enrollment period if I or my dependents are enrolled in other coverage (under certain circumstances).

- I must have involuntarily lost the other coverage and I must notify Engage PEO **within 30 days** that the other coverage has ended.
- If I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll those dependents as long as I notify Engage PEO **within 30 days** after the event has occurred.
- If either I or my dependents lose eligibility for coverage under a State Medicaid or CHIP program or become eligible for State premium assistance, I must notify Engage PEO **within 60 days** of the change event.

I understand that in order to request special enrollment or obtain more information, I should contact the Engage Benefits Department at 1-888-780-8807 or via email at benefits@engagepeo.com within the time frame indicated above.

Signature of Employee _____ **Date** _____