



**Jefferson County Commission
Benefit Plan(s) Waive of Coverage for FY20
Plan Year 07/01/2019 – 06/30/2020**

I hereby decline the following benefit coverage plans offered to me by my employer, Jefferson County Commission, for the 2019 benefit plan year:

Medical / Rx

Reason for declining coverage (check one):

- ☐ Covered by spouse's plan
- ☐ Enrolled in any other insurance carrier plan
- ☐ Other _____

Note: Under the Federal Government Affordable Care Act, individuals are required to obtain minimum essential health coverage for themselves and their dependents or they may be assessed a tax for any months during which they or their dependents lack minimum essential coverage. If you are currently uninsured, you have the option to obtain coverage in the Marketplace Healthcare.gov website.

Dental

Reason for declining coverage (check one):

- ☐ Covered by spouse's plan
- ☐ Enrolled in any other insurance carrier plan
- ☐ Other _____

Vision

Reason for declining coverage (check one):

- ☐ Covered by spouse's plan
- ☐ Enrolled in any other insurance carrier plan
- ☐ Other _____

I understand that should I decide to request coverage during the current fiscal year, I will have to submit application and document verification of an approved Qualifying Event. That application and supporting document verification must be submitted in less than 31-days of the date of that occurrence in order to be considered eligible for enrollment.

I understand that I may not request mid-year enrollment onto the plans currently waived without a qualifying event occurrence; and, that I may only be deemed eligible for enrollment at the plan open enrollment period.

Employee Signature: _____ Date: _____