



**Jefferson County Commission
Benefit Plan(s) Waive of Coverage
For Plan Year 07/01/2023 – 06/30/2024**

I hereby decline the following benefit coverage plans offered to me by my employer, Jefferson County Commission for the 2023-2024 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 to obtain minimum essential health coverage for themselves and their dependents. Consult your Tax Advisor/Tax Preparer for your situation. If you are currently uninsured, you have the option to obtain coverage in the Marketplace [Healthcare.gov](https://www.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 this current fiscal year, I will have to submit an application and document verification of an approved Qualifying Event. The 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: _____