



**Jefferson County Commission
Benefit Plan(s) Waive of Coverage
For Plan Year 07/01/2025 – 06/30/2026**

I hereby decline the following benefit coverage plans offered to me by my employer, Jefferson County Commission, for the 2025-2026 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 on the Marketplace Website: [Healthcare.gov](https://www.healthcare.gov)}

◇ **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 within 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 Printed Legal Name: _____ **Employee Date of Hire:** _____

Employee Home Address: _____

Employee Signature: _____ **Signature Date:** _____