

MESQUITE INDEPENDENT SCHOOL DISTRICT

**ACKNOWLEDGEMENT OF WAIVER OF TRS ACTIVECARE MEDICAL PLAN
BENEFITS**

I acknowledge that I have been given the opportunity to enroll in the Mesquite Independent School District (MISD) group medical benefit program (TRS ActiveCare Medical Plan), which is comprised of an ActiveCare Plan 1 HD, ActiveCare Plan 2, ActiveCare Select Plan and Scott & White HMO Health Plan. I elected to waive coverage in all plans. I understand that this waiver does not qualify me as having medical coverage under the Patient Protection and Affordable Care Act (PPACA); therefore, does not meet the Act's regulatory requirements for all individuals to have health care coverage effective 1-1-14. I am also aware that not meeting my coverage obligations under PPACA may subject me to an IRS penalty.

The MISD has a Section 125 Cafeteria Plan, which means that I may not have another opportunity to enroll until the next open enrollment period or until I have a specific change in status, called a "Family Status Change," as allowed by the IRS for Section 125 plans.

This WAIVER will become part of my permanent records at MISD until otherwise revoked by me through enrolling in one of the four TRS ActiveCare medical options (ActiveCare 1 HD, ActiveCare 2, ActiveCare Select, and Scott & White HMO Health Plan) provided by the district.

_____	_____
Print Name	Emp ID#
_____	_____
Signature	Campus/Location

Date	

Mesquite ISD Acknowledgement	

**TRS-ActiveCare
DECLINATION CERTIFICATION
Group #085000
Mesquite ISD
TRS #0898**

This is to certify that the available health coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a preexisting condition exclusion period (not applicable to HMO coverage). Effective September 1, 2011, a preexisting condition waiting period is not applicable for any individual under the age of 19.

Employee Name: _____ SSN: _____

New Hire Actively-at-work Date: _____ (to be completed if a New Hire)

Open Enrollment for Plan Year: _____

<input type="checkbox"/> I am enrolling myself and declining coverage for those listed below.	<input type="checkbox"/> I am declining coverage for myself and my spouse/dependents.
	Employee name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____
Spouse name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____	Spouse name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____
Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____	Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____
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Signature: _____ Date: _____

**Please mail completed form to:
Mesquite ISD – Benefits Office
405 E Davis St
Mesquite, TX 75149**