

**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 HD, ActiveCare Plan 2, ActiveCare Primary Plan, ActiveCare Primary+ Plan and Baylor 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 five TRS ActiveCare medical options (ActiveCare HD, ActiveCare 2, ActiveCare Primary, ActiveCare Primary+ and Baylor Scott & White HMO Health Plan) provided by the district.

_____	_____
Print Name	Emp ID#
_____	_____
Signature	Campus/Location
_____	
Date	
_____	
Mesquite ISD Acknowledgement	