

WAIVER OF MEDICAL COVERAGE FOR YEAR 2023
Part-Time Employees working less than 30 hours per week

Part-Time Employee Name:	SS# or Employee ID #	WORK SITE/POSITION

As required by the Patient Protection and Affordable Care Act (ACA), you are being given the opportunity to enroll in medical health coverage offered by Alameda Unified School District (AUSD) during the annual Open Enrollment period. You have the right to decline or waive the coverage that has been offered, however, you are required by law to have health insurance. If you waive coverage for you and/or your eligible tax dependents under the AUSD medical health plan/s, you are required to have medical/health coverage through another source.

Please consider the following information before declining health/medical coverage:

- If you waive this coverage and do not obtain and/or maintain that coverage on your own, you could be subject to a penalty under the individual responsibility requirement of the ACA.
- If you waive this coverage and work six (6) or more hours per day (full time as defined by the ACA) you may not qualify for government subsidies to purchase health insurance on the Marketplace *AND* could be subject to penalties and/or be required to repay subsidy received after waiving coverage offered by AUSD.
- If you waive coverage, you will only be allowed to enroll in an AUSD sponsored medical health plan during the next Open Enrollment period or within 30 days of a section 125 qualifying event (see below). You have 30 days from the qualifying event to enroll in a plan and provide proof of the event.

Section 125 Qualifying Events are:

- **Loss of Coverage:** Spouse's health plan terminates or Medicare/Medicaid eligibility ends
- **Marital Status Change:** Marriage, divorce, annulment, legal separation, or death of a spouse
- **Number of Dependents Change:** Birth, adoption or placement for adoption, death of dependent child, or newly eligible dependents due to plan design change

I have read the above and understand the consequences of my waiver of coverage. I attest that I was offered and am eligible to enroll in a health plan that provides minimum value, as defined under the ACA, for the plan year January 1 through December 31, 2023. I have elected to waive the medical coverage and I am enrolled in other health/medical plan which provides minimum essential coverage. I agree to provide proof of coverage on an annual basis. In the event that I lose my alternative health coverage at any time during the calendar year, I agree that I will immediately notify Human Resources/Benefits and will enroll in an AUSD sponsored health plan within 30 days of the loss of coverage.

 Employee Signature

 Date

