

SOUTHERN FULTON SCHOOL DISTRICT

2022 – 2023 Health Care Benefit Election and Waiver Form

First Name	MI	Last Name
Social Security #	-	-

Please make your election for your health care coverage below, then sign and date your form and submit it to the Business Administration Office no later than 06/17/2022.

- I elect to make **No Changes** to my health care coverage for the benefit year.
- I elect to participate in the **Qualified High Deductible Health Plan**. I certify that I meet the following requirements and thus am eligible to establish a Health Savings Account (HSA).
 - I am or will be enrolled in the Qualified High Deductible Health Plan;
 - I am not enrolled as a dependent in a Non-Qualified High Deductible Health Plan; which means I can only be enrolled as a dependent in a health plan that offers a HSA;
 - I am not enrolled in Medicare;
 - I am not enrolled in TriCare;
 - I am not claimed as a dependent on another person’s tax return;
 - Neither I nor my spouse will be enrolled in a Medical Flexible Spending Account (FSA) or Health Reimbursement Account/Arrangement (HRA) on the effect date of enrolling in the QHDHP.

You must complete the Pre-tax Salary Reduction Election Form **AND** an Enrollment Form to enroll in the QHDHP.

- I elect to **Waive Health Care Plan Coverage**. You must complete the Southern Fulton School District Waiver of Health Care Plan Coverage Election Form accompanied with a photocopy of proof of your enrollment in an Employer Group Plan.

If you do not return this form with a designated selection, Southern Fulton School District will, by default of no selection of enrollment, enroll the employee and their eligible dependents into the same health care coverage that the employee had in the 2021-22 benefit year.

I understand that I cannot have a midyear change between the Southern Fulton School District Health Care Plans, unless I experience a QUALIFYING EVENT, as defined by the IRS. By transferring from one plan to another during a benefit plan year, I understand that I will not be able to transfer satisfied deductible amounts under the respective plans, and I further understand that if I transfer mid-year to the QHDHP, that the Southern Fulton School District contribution will be prorated.

Employee Signature _____

Date _____