



Rancho Santa Fe School District

WAIVER OF COVERAGE

You may decline health coverage offered by Rancho Santa Fe School District. This is called a “waiver of coverage”. If you waive coverage for yourself, you may not cover dependents under the Employer's health plan.

Note that after 2013, if you decline coverage considered affordable and minimum essential under the Patient Protection and Affordable Care Act ("ACA"), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

The decision to waive coverage has consequences for you. For example:

You should be aware of the individual responsibility requirement taking effect in 2014 under the ACA. If you refuse the offer of the Employer's health coverage and do not obtain coverage on your own, you will be subject to a penalty.

Unless you sign a waiver stating that you are covered under another plan, such as a spouse's plan, Medicaid, or Medicare, you cannot enroll in the Employer's health plan until the next open enrollment.

If you are covered under another plan, but that coverage is lost, you can enroll in your Employer's health plan immediately (see “Late Entrant Exceptions”). There's a time limit for enrolling after the other coverage is lost: you must request to enroll in your plan within 30 days of losing the other coverage.

Employees and their dependents will be eligible for late entry if one of these circumstances applies:

1. Termination of other health coverage:

- a. this waiver of group medical coverage form is completed and signed, and
- b. enrollment under this plan was initially declined solely due to other coverage, and
- c. request for enrollment in KFHP is made within 30 days after termination of other coverage, and
- d. termination of the other coverage is due to:
 - termination of employment
 - change in employment terms
 - termination of the other group coverage
 - cessation of the other employer's contribution toward coverage
 - divorce or death of the person through whom I am covered as a dependant

2. Court Order: A request for enrollment is made within 30 days after issuance of a court order that coverage be provided for the spouse and/or minor children of a covered employee.

3. If you gain a new dependent through birth, adoption or marriage, you may enroll yourself, the new dependent, and the entire family at that time, but you must do so within 30 days of gaining the new dependent. If you miss the 30-day enrollment deadline, you must wait until open enrollment.

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I acknowledge that the Employer has offered me affordable minimum essential coverage, as defined under the ACA, for the period from _____ to _____. I have read the above and I understand the consequences of my waiver of coverage.

Name of Employee

Signature of Employee

Date

As a representative of the Employer, I received this Waiver of Coverage from the above employee on _____ (Date).

Signature of the Employer Representative

END OF DOCUMENT