

OPEN ENROLLMENT



# REJECTION OF MEDICAL INSURANCE COVERAGE

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID#: \_\_\_\_\_

[ ] I am rejecting medical health insurance coverage at this time. I understand that I will **not** be eligible to request coverage until the annual Open Enrollment period in the month of August each year with coverage beginning October 1<sup>st</sup> of that year.

Upon rejection of coverage, the only exception to enrollment at any other time other than the annual Open Enrollment period is if there is a qualifying event listed below:

- Loss of other coverage due to divorce
- A change in the employee’s employment status or a change in the employment status of the individual through whom the employee and dependent(s) were previously covered as a dependent
- The **involuntary** termination of the other plan under which the employee or the employee’s dependent(s) were previously covered as a dependent
- The cessation of an employer’s contribution toward an employee’s dependent coverage
- The death of a person through whom the employee or an employee’s dependent(s) were previously covered as a dependent

<ul style="list-style-type: none"> <li>• Part Time Employee’s Pro-Rate of District Contribution</li> <li>• (Payroll Contributions paid per month for 10 months: September – June)</li> </ul>			
Hours worked by Employee	Contribution	Basic Plan	Plan B
5 Hours or more but less than 6	25%	\$378.37	\$426.37
4 Hours or more but less than 5	50%	\$756.74	\$804.74
3 Hours or more but less than 4	75%	\$1,135.11	\$1,183.11

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date