



Azusa

Unified School District

Board of Education

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To: TSA In Lieu of Health Insurance Participants
Subject: 2024-2025 TSA Insurance Waiver Form

The TSA in Lieu of Health Insurance coverage is limited to those employees currently receiving a TSA in Lieu of Health Insurance for the **2024-2025** school year. No new TSA enrollments will take place once health insurance has been elected. In order to qualify every year, employees who participate are required to complete an insurance waiver form, and provide a copy of their current medical insurance card to American Fidelity during 2024-2025 open enrollment and provide the following documents: a completed insurance waiver form and a copy of your current medical insurance card.

Medical cards must state the name of the employer, if your medical card does not state the name of the employer you may submit a letter stating proof of group coverage from the insurance company. Keep in mind that medical cards provided by Kaiser Permanente do not identify "Group Coverage" on the form. To show proof of group coverage, contact Kaiser Permanente Member Services. Please be aware that independent, individual/family type plans will not be accepted, as these plans do not qualify as "Group Coverage."

Please note that you will only be waiving your medical insurance coverage. You will still be entitled to sign up for dental and vision insurance coverage during open enrollment.

ENROLLMENT SCHEDULE AND DETAILS

This year's enrollment is from **June 17, 2024 – August 30, 2024**. To schedule your appointment, please use the following link:

<https://enroll.americanfidelity.com/D4B969DE>

<https://benefits.americanfidelity.com/azusa-unified-school-district>

During the meeting, you will also have the opportunity to receive information from American Fidelity about voluntary benefit options that could be important to you and your family, including but not limited to disability income protection, life insurance, and cancer insurance.

There is no obligation to purchase voluntary insurance through American Fidelity.



AZUSA UNIFIED SCHOOL DISTRICT

AUTHORIZATION FOR TSA IN LIEU OF EMPLOYEE
HEALTH INSURANCE

Name: (Please Print)

Last: _____ First: _____ Middle: _____

Social Security/Employee Identification Number: _____

I hereby certify that the benefits provided under the District Group Health Plan made available by the Azusa Unified School District have been explained to me. I have been given an opportunity to enroll in the plan and decline to do so because I am covered under a plan provided by my spouse's employer.

In Lieu of the medical plan, I agree to accept a TSA as provided by the District.

Name of Spouse/Domestic Partner: _____

Spouse/Domestic Partner Employer: _____

Name of Company Insuring Spouse/Domestic Partner: _____

Signature: _____ Date: _____

I wish to waive participation in the following insurance/benefit program(s) offered by AUSD:

Dental: _____

Vision: _____

Signature: _____

COPY OF GROUP INSURANCE CARD IS **REQUIRED FOR ALL EMPLOYEES NOT PARTICIPATING
IN A HEALTH PLAN OFFERED THROUGH AZUSA UNIFIED**