

MESQUITE INDEPENDENT SCHOOL DISTRICT

**ACKNOWLEDGEMENT OF WAIVER OF BCBS/TRUSTMARK MEDICAL PLAN
BENEFITS**

I acknowledge that I have been given the opportunity to enroll in the Mesquite Independent School District (MISD) group medical benefit program (BCBS/Trustmark), which is comprised of an EPO Low, EPO High, and PPO High Deductible plans. I elected to waive coverage in all plans. I understand that this waiver does not qualify me as having medical coverage under the Patient Protection and Affordable Care Act (PPACA); therefore, does not meet the Act's regulatory requirements for all individuals to have health care coverage effective 1-1-14. I am also aware that not meeting my coverage obligations under PPACA may subject me to an IRS penalty.

The MISD has a Section 125 Cafeteria Plan, which means that I may not have another opportunity to enroll until the next open enrollment period or until I have a specific change in status, called a "Family Status Change," as allowed by the IRS for Section 125 plans.

This WAIVER will become part of my permanent records at MISD until otherwise revoked by me through enrolling in one of the four BCBS Trustmark Health Plans (EPO Low, EPO High, and PPO High Deductible plans) provided by the district.

Print Name

Emp ID#

Signature

Campus/Location

Date

Mesquite ISD Acknowledgement