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## 2026-2027 Health Insurance Opt-out Agreement

Under the ACA (Affordable Care Act), certain employers are required to provide health care coverage for certain employees. In turn, individuals are required to have health care coverage for both them and their dependents. Failure to do so can result in penalties for both the employer and the individual. Please complete this form if you will carry medical insurance through a source other than Barstow Unified School District for the **2026-2027** plan year and are waiving medical coverage under the district's benefit plans.

Employee name (please print): \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

By reviewing each statement below and signing this form you are acknowledging the following statements:

- I elect not to enroll in any of the medical plans that Barstow Unified School District offers to its employees, and I am electing to (check one):  
 Enroll in dental/vision coverage    OR     Opt-out of dental/vision coverage
- I understand that if I am opting to enroll in dental/vision coverage, I am not eligible for the cash-in-lieu payment.
- I understand that it is my responsibility to decline coverage in the benefits portal. If enrolling in dental/vision, I understand it is my responsibility to complete enrollment in the benefits portal.
- I certify that as of July 1, 2026 or my eligibility date, all my eligible dependents and I will be enrolled in other qualifying health insurance coverage that is deemed to be minimum essential coverage under the ACA.
- I understand that I will not be able to revoke this waiver and elect coverage in Barstow Unified School District's medical, and/or vision and dental plans until the next open enrollment period, unless I experience a qualifying life event and provide necessary documentation within 30 days of the date of the qualifying event (see benefits guide for QLE information).
- I understand that the opt-out incentive shall not be used to purchase other health insurance in the marketplace, a state exchange, or through the individual insurance market (N/A for those who opt to enroll in vision and dental coverage).
- I understand that Barstow Unified School District requires documentation verifying my medical insurance coverage elsewhere (ie; copy of insurance card, insurance statement, military ID).
- I certify that Barstow Unified School District has taken all reasonable actions to protect my health and safety. This certification will remain in effect for the entirety of the **2026-2027** school year.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

Insurance:
Group: