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Catilize Health®

ATTESTATION OF ENROLLMENT

IN A NON-EMPLOYER GROUP HEALTH PLAN

Employee Name: _____ Work Phone: _____ Email: _____

Work Location: _____

This form applies to individuals who participate in the CompleteCare and who waive coverage in the MCSIG health plan.

Employee, Spouse, and eligible dependents who are waiving coverage in the MCSIG health plan certify that:

- MCSIG has offered me and/or my Spouse and/or my eligible dependents a group health plan that does not consist solely of "excepted benefits" under the Affordable Care Act of 2010 ("ACA").
- I and/or my Spouse and/or my eligible dependents are enrolled in alternate coverage (such as my spouse/domestic partner's employer) that does not consist solely of "excepted benefits" under the ACA (such as limited-scope dental or vision coverage), nor does it consist solely of a "health reimbursement arrangement" (reimbursement of health care expenses up to a dollar limit), and we are not enrolled in, or have waived contributions to, an HSA – Health Savings Account.
- I understand that by enrolling in this CompleteCare, I am waiving participation in the MCSIG health plan for the following participants:

Participant Name	Participant Name	Participant Name
Participant Name	Participant Name	Participant Name

Attach a seperate sheet if space is needed for additional participants

For confirmation that the alternate coverage meets the IRS's definition of minimum value and does not consist solely of an HRA, please contact the benefits coordinator at the other employer, and ensure HSA contributions are waived/stopped.

I further certify that my alternate coverage is not:

- A High Deductible Health Plan (HDHP) with active contributions to a health savings account (HSA); however, it is acceptable alternate coverage if HSA contributions can be waived/discontinued. A Spouse who is not enrolled in the CompleteCare may contribute to an HSA and use the HSA funds.
- The HSA funds CANNOT be used for medical expenses for CompleteCare enrollees.
- Medicare, Tricare VA health care or Medicaid
- Health Insurance coverage made available thru the Affordable Care Act
- An individual policy
- A Limited Benefit Health Plan
- Coverage through another MCSIG Employee

Employee Signature	Date
Spouse Signature Only if eligible for CompleteCare	Date

PLEASE COMPLETE THIS FORM AND SEND TO YOUR HEALTH & WELFARE REPRESENTATIVE
OR UPLOAD IN THE CATILIZE HEALTH® PORTAL: Portal.Catilize.Com

Catilize Health®

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https://britehr.app/MCSIG

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