HEALTH WAIVER/OPT-OUT FORM 2027

Cajon Valley Union School District
Payroll, PO Box 1007, El Cajon CA 92022-1007
(619) 588-3070 FAX (619) 441-6170

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is mandatory pursuant to the authority of the Cajon Valley Union School District under Article IX, Sec. 9 of the California Constitution. This record-keeping system was established prior to January 1, 1975. The Social Security number is used to verify your identity. The Cajon Valley Union School District will not disclose a recipient's Social Security number without the consent of the recipient, except as mandated by law.

MARK PLAN CHOICE: Note: Proof of Alternate Insurance Coverage Required for Waiver/Opt-out Option.

- ☐ Health Waiver (no employer stipend paid, no employee health premium paid)
- ☐ Continue Opt-out (restricted to current Opt-Out participants, $120 monthly stipend, Sep-Jun)
- ☐ Drop current District Medical Plan to enroll in waiver option

EMPLOYEE ID OR SOCIAL SECURITY NUMBER	Status Bargaining Unit □ Active □CSEA □CVEA □ Retired □CVAA	BIRTH DATE
EMPLOYEE LAST NAME	FIRST	MIDDLE

ACTION REQUESTED:

☐ New/Continue Enrollment ☐ Spouse or Domestic Partner/No-Copay Option, provide name _____

☐ Drop Waiver/Opt-Out, Enrolling in District Medical Plan (also requires VEBA health enrollment form)

Reason: ☐ New Hire/Rehire ☐ Open Enrollment ☐ Retirement ☐ Change in Hours

Insurance Carrier Name (copy of health card attached)_____

HOW TO ELECT HEALTH WAIVER OR OPT-OUT:

1. Indicate selection, complete employee information and attach a copy of alternate health card to this form.
2. Sign the medical insurance waiver statement below and submit documents to payroll during open enrollment.

Cajon Valley Union School District - Medical Insurance Waiver/Opt-out Statement for 1/1/27 to 12/31/27

I decline medical coverage for myself, spouse/domestic partner, and dependents, and have secured medical coverage as stated above. I will maintain such medical coverage throughout the 1/1/27 to 12/31/27 term. I also understand the choice to decline coverage is binding for 1/1/27 to 12/31/27 and I will not be eligible for medical coverage provided by Cajon Valley Union School District during this time unless I lose coverage from my alternate plan due to a Qualifying Event. I understand this waiver DOES NOT IN ANY WAY AFFECT THE DENTAL INSURANCE COVERAGE provided to me by the District. **A medical opt-out/waiver form must be submitted every year during open enrollment by the employee.**

OPT-OUT Option only: I understand that I will receive a cash option of $1200 per year for waiving medical coverage for myself, spouse, and any and all dependents that I may have. I understand this amount will be paid in ten monthly payments (September through June) of $120. Only employees currently receiving Opt-Out stipend may continue this option.

RETIREE WAIVER Option only: I understand by opting out of the District-sponsored health plan, I forfeit my right to future enrollment in District health coverage as a retirement benefit. I also understand that my health wavier does not affect my eligibility for District dental coverage.

Employee Signature X _____ Date X_____

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Payroll Use Only Event Date _____ **Effective Date** _____

Waivers: □CVAA – 331629P □CSEA – 331629Q □CVEA – 331629R

OPT-out: □CVAA – 331619U □CSEA – 331619V □CVEA – 331619W

Additional Pay ____ Empl #_____ DBT _____-_____-_____-_____-_____-_____

FREQUENTLY ASKED QUESTIONS REGARDING HEALTH OPT-OUT AND WAIVER OPTIONS:

1. **What is the difference between the health opt-out and waiver options?** The opt-out option is only available to employees currently enrolled and receiving $1200 annually from September through June. The waiver option is available to employees who have alternate health coverage and are not required to enroll in a District health plan. Proof of alternate insurance coverage is required to determine eligibility for either of these options.

2. **If I opt-out or waive medical benefits, may I choose to enroll in a District medical plan in the future?** Yes, active employees may drop this option and select a District medical plan during open enrollment. Your choice to decline coverage is binding for an entire plan year unless you lose coverage under your alternate plan because of divorce, legal separation, death of a spouse, termination of employment, or involuntary loss of coverage. However, retirees choosing the waiver option may not re-enroll in future District medical coverage. Retirees in the opt-out option may elect future District medical coverage until age 65.

3. **May I elect to Waiver/Opt-out of medical insurance at any time during the year?** No. You must submit a Medical Insurance Waiver/Opt-out Statement during the open enrollment period.

4. **Does the Waiver/Opt-out option affect my District dental insurance coverage?** No.

5. **If my spouse/domestic partner also works for Cajon Valley and is entitled to medical coverage, can I waive my insurance and enroll as his/her dependent?** Yes, please use the waiver/opt-out form and select the waiver option. Then check "Spouse or Domestic Partner/No-Copay" on the waiver form and provide name on the same line.

6. **My husband and I are both CVUSD employees and are enrolled in the District health opt-out option. If one of us elects to enroll in a District medical insurance plan, can the other continue to receive opt-out payments?** No. The opt-out option is no longer available. The District medical insurance must be waived by the entire family to be eligible for the annual incentive.

7. **How will I receive the annual opt-out stipend of $1200?** This amount will be paid in 10 monthly payments of $120 from September through June. These payments are paid as income and are subject to taxation. The Internal Revenue Service (IRS) treats this money as ordinary income.

8. **If I submit my paperwork late, will retroactive opt-out payments be paid for the period I was eligible to receive them?** No. If you do not submit the required information within the open enrollment period, you will receive payments dependent upon the date the paperwork is submitted.

9. **My co-worker receives $120 medical opt-out payments monthly. Why can't I elect opt-out?** Opt-out payments are no longer allowed as of December 1, 2006. Only those employees who previously chose opt-out payments are eligible to continue these payments.