



2021 ACA COMPLIANCE WAIVER OF MEDICAL COVERAGE AND SPECIAL ENROLLMENT NOTICE

Please note: You must sign and return this form if you choose not to enroll in Medical Plan Coverage at this time. **Signing this form is not the same as dropping your current medical coverage. If you are currently enrolled, please use a change form or Open Enrollment form to drop.** Signing this waiver does not exclude you from enrolling in the future during open enrollment or in the case of any life event that would qualify you for a special enrollment period.

You have the right to decline or waive Medical Plan Coverage through Helpside. If you do waive coverage for yourself, any dependents, by default, also waive coverage in the Medical Plan Coverage through Helpside.

Note that if you waive this coverage, which is considered affordable and minimum essential under the Affordable Care Act (ACA), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

The decision to waive coverage may have consequences for you. For example:

- If you waive this coverage and do not have other qualifying coverage, you may be subject to a penalty under the individual responsibility requirement of the ACA.
- If you waive coverage, you cannot enroll in the Medical Plan offered through Helpside until the next open enrollment, unless you experience a life event that would qualify you for a special enrollment period.

If you are declining coverage for yourself and dependents, you may be able to enroll in the Helpside Plans if any of the following life events occur AND you request enrollment within 31 days* after the event:

- You or any dependent loses other group coverage or if the employer stops contributing toward your or your dependents' other coverage.
- If you have a new dependent because of marriage, birth, adoption, or placement for adoption.
- If you or your dependents lose eligibility or become eligible for premium assistance under Medicaid or the CHIP program.
- If your dependents lose coverage under CHIP, you must request enrollment within 60 days of the date coverage was lost.

I acknowledge that my Employer has offered me affordable minimum essential coverage, as defined under the ACA. I have read the above Special Enrollment Notice and I understand the possible outcomes of waiving coverage.

Name of Employee (Please Print)

Social Security Number

Signature of Employee*

Date*

***Waiver valid for one full coverage year or until employee initiates a change in coverage.**

As a representative of the Employer, I received this Waiver of Coverage from the above employee on _____
Date

Signature of the Employer Representative