

LYNDEN SCHOOL DISTRICT 504

2018-2019
Non-Election of Medical Coverage

I acknowledge that myself and my dependents have been offered employer sponsored medical coverage for the 2018-19 school year.

I decline enrollment in medical coverage at this time because:

- I have other medical coverage provided by:

Insurance Company Name: _____

Through (employer/organization name): _____

- I understand that all persons are required to have medical coverage under the Federal Affordable Care Act, however, I do not wish to enroll in medical coverage at this time.

By waiving coverage I understand that I will not be able to sign up for Health Insurance Benefits through the school district until open enrollment the following school year unless I have a qualifying event*. In the case of a qualifying event outside of open enrollment I understand the full cost of monthly premiums for the coverage I elect will be deducted pre-tax from my paycheck.

I understand since my employer has offered me and my dependents medical coverage, we may not be eligible for insurance discounts through the State Insurance Marketplace, and if we receive any discounts we may be required to pay them back when filing federal tax returns.

Signature

Printed Name

Date

** Contact the payroll/ benefits department to find out what constitutes a qualifying event.*