



WAIVER OF HEALTH COVERAGE

You have chosen to decline health coverage offered by the City of West Allis. This is called a "Waiver of Coverage". If you waive coverage for yourself, you may not cover dependents under the City's health plan.

Effective January 1, 2014, if you decline coverage considered affordable and minimum essential under federal Health Care Reform (HCR), you will not qualify for government credits and subsidies to purchase individual health insurance on the federal Marketplace exchange.

The decision to waive coverage has the following consequences:

1. If you refuse the offer of the City's health coverage and do not obtain coverage on your own, you will be subject to a penalty.
2. You cannot enroll in the City's health plan until the next open enrollment period. However, you may be eligible to enroll in the City's plan immediately if you suffer a hardship (such as involuntary loss of other coverage) provided you request to enroll in the City's coverage within 30 days of losing other coverage. Upon enrollment, you must agree to provide the appropriate documentation that the City of West Allis deems necessary to substantiate eligibility for you and your spouse/dependents, if applicable.

I acknowledge that the City of West Allis has offered me affordable minimum essential coverage for the period of March 1, 2016 through February 28, 2017. I have read the above and understand the consequences of my Waiver of Coverage.

Print Name

Signature

Date

As a representative of the City of West Allis, I received this Waiver of Coverage from the above employee on _____.

Date

_____/_____

Signature of Employer Representative

Print Name

If you have any questions regarding the above information, please contact the Human Resources Department at 414/302-8270.