Department of **Human Resources**
Monroe County, New York

Cheryl Dinolfo
County Executive

Brayton McK. Connard, SPHR
Director

WAIVER OF GROUP COVERAGE

Employee Name: _____ Date of Birth: ____/____/_____

By submitting this form, I acknowledge that I have been provided an opportunity to review and participate in the Monroe County Health Insurance and Dental plans. Although I am currently eligible for these benefits, I voluntarily decline to enroll myself, my spouse and/or my dependents in the:

_____ **Monroe County Health Insurance Plan**
(Initials)

_____ **Monroe County Dental Insurance Plan**
(Initials)

Reason for Waiving Coverage- Please Check One:

- ☐ Covered through spouse's employer
- ☐ Covered through a parent's employer
- ☐ Under age 65 Retiree covered by previous employer's insurance program
- ☐ Other, please specify: _____

Please note: Monroe County believes that the health insurance you have been offered satisfies both the affordability test and the minimum value test under the Affordable Care Act (the "Act"). This means that it is unlikely that you will be eligible for any subsidies or cost sharing reductions if you decline enrollment and instead obtain coverage through the health insurance exchange. Additionally, please remember that if you fail to obtain health insurance coverage you may be subject to a penalty under the Act's "Individual Mandate." Your declination here is proof that Monroe County offered appropriate coverage and that you are aware that declination could have tax implications. If you have any questions, please refer to the *"MANDATORY NOTICE TO EMPLOYEES ON PPACA AND HEALTH INSURANCE EXCHANGES"* or contact Human Resources.

In waiving coverage, I understand that I and/or my dependents may enroll during normal open enrollment, or within 30 days of a Qualifying Event. I recognize that it is my responsibility to contact the Department of Human Resources if I have any questions about my eligibility for County Health Insurance and/or Dental Insurance plans.

Employee Signature: _____ Date: _____

Human Resources, Room 210, County Office Building
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Rochester, NY 14614
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