



## Waiver of Health Coverage

Starting in 2014, the individual shared responsibility provision under the Affordable Care Act (ACA) calls for each individual to have minimum essential health coverage for each month during the year, qualify for an exemption, or make a payment when filing his or her federal income tax return.

This provision applies to individuals of all ages, including children. The adult or married couple who can claim a child or another individual as a dependent for federal income tax purposes is responsible for making the payment if the dependent does not have coverage or an exemption.

I acknowledge that I have been offered the opportunity to purchase minimum essential health coverage from Shonto Preparatory School Employee Benefit Plan for myself and my dependents through my employer.

I decline enrollment at this time because:

I have other medical coverage provided by:

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Through (Employer Name): \_\_\_\_\_

I do not wish to enroll myself in any type of medical coverage at this time.

I do not wish to enroll my  Spouse  Child(ren) in any type of medical coverage at this time.

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may enroll yourself or your dependents in this plan prior to the next open enrollment period (under certain circumstances). To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 31 days after your other coverage ended. Additionally, if you have new dependents as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment applications within 31 days after the marriage, birth, adoption, or placement for adoption.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_