Grossmont-Cuyamaca
Community College District

# Medical Waiver Form

Name

Employee ID

**Instructions**
To waive the District's medical coverage, you must review below and submit this form along with any other required documents.

**Step 1: Review Waiver Reasons and Check Applicable Box**

| On behalf of myself and eligible dependents (if any), I waive the option to enroll in the Grossmont-Cuyamaca Community College District medical insurance that is offered to me for the 2019 plan year for the following reason: | |
|---|---|
| ☐ | I am covered under another group plan as a spouse/domestic partner or dependent |
| ☐ | I am covered by Medicare or Veterans Program |
| ☐ | I have other coverage – name of carrier: ______________________<br>☐ COBRA ☐ TRICARE ☐ MEDICAID ☐ EMPLOYER GROUP PLAN ☐ OTHER |

**Step 2: Provide Proof of Other Coverage**
Proof of other coverage may include: letter from your spouse/registered domestic partner employer showing current coverage, effective date of coverage and list of covered members, copy of your Medicare membership card, official proof of TRICARE/COBRA/MEDICAID/OTHER coverage.

**Step 3: Review Qualifying Events**
That by declining medical coverage, I understand that I do not have the option to waive dental or vision coverage. The district, at its sole option, may in the future require me to enroll in a district medical plan. I understand I have the option to enroll at any future open enrollment with no qualifying event. To enroll outside of open enrollment, I must have a qualifying event and will notify the district benefits department within 30 days with supporting documentation:

1. Loss of coverage due to termination of employment of spouse/registered domestic partner
2. Change in spouse's/registered domestic partner's employment status (full-time to part-time)
3. Family status change (marriage, birth, adoption, divorce, legal separation, or Qualified Medical Child Support Order)

**Step 4: Review, Sign and Date**
I hereby acknowledge I have been given an effective opportunity to enroll in medical coverage offered by Grossmont-Cuyamaca Community College District and the coverage meets the standards of affordable, minimum value coverage as defined by the Affordable Care Act.

I understand that other health coverage cannot include coverage purchased on the individual market, including through Covered California. In addition, I must renew this waiver annually during open enrollment.

I have read, I understand, and I agree to all the information above.

Employee Signature

Date