



# WAIVER OF COVERAGE

for

Lakeside Union School District

Dear Employee,

Having met the eligibility requirements, you are being offered the opportunity to enroll in health coverage offered by LUSD (*name of Employer*). Premiums for this coverage will be paid by the employee, not the district (see attached rates). You have the right to decline, or waive coverage. If you waive coverage for yourself, you may not cover dependents under the Employer's health plan.

Note that if you waive coverage considered affordable and minimum essential under the Patient Protection and Affordable Care Act (ACA), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

The decision to waive coverage has consequences for you. For example:

- If you waive this coverage and do not obtain coverage on your own, you will be subject to a penalty under the individual responsibility requirement of the ACA.
- If you waive coverage, you cannot enroll in Lakeside Union School District's health plan until the next open enrollment, unless you experience a qualified change in status. Examples include if you are covered under another plan but that coverage is lost, or if you gain a new dependent through birth, adoption, or marriage. However, you must request to enroll in your plan within 30 days of the qualified change in status. If you miss the 30-day enrollment deadline, you must wait until open enrollment.

I acknowledge that the Employer has offered me affordable minimum essential coverage, as defined under the ACA, for the period from \_\_\_\_\_ to \_\_\_\_\_. I have read the above and I understand the consequences of my waiver of coverage.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

As a representative of the Employer, I received this Waiver of Coverage from the above employee on \_\_\_\_\_ (Date).

\_\_\_\_\_  
Signature of the Employer Representative