**McFarland School District**

**Health Insurance Benefits**

Waiver and Attestation Form: Health Insurance

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, was offered the opportunity to enroll in an employer provided group health insurance program that offered minimum essential coverage (MEC), was “affordable” (according to one of the 3 IRS provided safe harbors available under the ACA) and offered minimum value (MV).

I have elected to waive the opportunity to enroll in this coverage at open enrollment knowing that the next opportunity to enroll will not be until 12 months from now, unless I experience a qualifying event.

Instead, I have enrolled in health insurance coverage that provides minimum essential coverage (MEC) through:

A spouse’s/parent’s employer plan

Medicare

Medicaid

Champus/TriCare

I certify this information to be true and accurate. False statements on this form may subject me to disciplinary action, up to and including discharge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name (Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date