



Employee Health Insurance Waiver Form

Employee Instructions:

Due to healthcare reform, you must either enroll into the health insurance plan or waive coverage. If you are currently not covered by the Archdiocesan Health Insurance Plan and want to continue to waive the Archdiocesan health insurance coverage, you must complete this Employee Health Insurance Waiver Form. Please return this form to your employer benefits administrator no later than May 16th, 2016.

Employee Acknowledgement:

I acknowledge that I have been offered the opportunity to enroll in health insurance coverage through my employer during the period May 1 – May 15 with an effective date of July 1, 2016.

I do not wish to enroll myself and any eligible dependent(s) in the Archdiocesan health plan at this time. I understand that I may enroll only during an annual open enrollment period or if one of my eligible dependents or I become eligible for a Special Enrollment Period as a result of a qualified change in status. Please see the reverse side of this form for information about Special Enrollment Periods.

Date: _____

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone: _____

Employer: _____

Questions? Please contact your employer or call the Office of Human Resources at 314.792.7546 or Email: Benefits@archstl.org.

Employer Instructions:

Please make a copy of all waiver forms for your employment files. Once you have collected all the waiver forms from your employees, please send all forms by June 1, 2016 to the Archdiocese Office of Human Resources via one of the following methods:

Email: Benefits@archstl.org

Fax: 314.792.7548

Mail: Archdiocese of St. Louis, Office of Human Resources, 20 Archbishop May Drive. St. Louis, MO 63119

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Special Enrollment Periods

To enroll under the Special Enrollment Period, the employee must request enrollment within 31 days after the loss of coverage or within 31 days of another qualifying event such as a marriage, divorce, birth, adoption, or placement for adoption.

- **Loss of Other Coverage**

The Plan will provide employees and/or their dependents a Special Enrollment Period if coverage is waived because the individual was enrolled in other group health plan coverage and the other coverage is lost involuntarily. To be eligible for this Special Enrollment Period you must identify the other coverage below.

- ☐ Coverage through spouse's employer's group health plan (or in the case of dependent children, coverage under their own employer plan).
- ☐ Coverage through state program (e.g. Medicare, Medicaid, CHIP, etc.)
- ☐ Other _____

- **Acquisition of New Dependent**

If an employee acquires a new spouse or dependent by marriage, adoption, placement for adoption, or birth, the Plan will provide employees and/or their dependents a Special Enrollment Period. The Special Enrollment Period applies only to the employee, the employee's spouse, and the newly acquired dependent.

- **Becoming Eligible for State Premium Assistance Subsidy**

A Special Enrollment Period applies if the employee or an eligible dependent gains eligibility for a premium assistance subsidy under a state's Medicaid plan or Children's Health Insurance Program. The employee must request enrollment within 60 days after the eligibility is determined.