

Waive OSU Employee Health Insurance for 2015

OSU employees (.75 FTE or greater) who do not wish to be covered by OSU health insurance because they have other employer group coverage with a spouse or former employer or because of religious reasons may waive coverage. Employees cannot be covered under their spouse's health insurance if their spouse is also employed with OSU. Employees may not waive coverage for group student sponsored health plans. If an employee meets the qualifications and waives OSU health insurance, \$41.67 per month will be contributed into a healthcare Flexible Spending Account (FSA) which can be used for out-of-pocket health, dental, vision, and pharmacy expenses. This contribution is a tax-free benefit.

OSU discourages employees and their families from the possibility of being uninsured. A medical situation can become financially devastating if insurance is not available for the costs of treatment. Employees who waive OSU health insurance should seriously consider the following ramifications:

- Family members cannot be covered on an OSU health insurance plan unless the employee is covered by the same plan.
- If you lose other group coverage, you are required to notify OSU Benefits within 30 days of the change. Contributions from OSU into the health FSA will end if you enroll in the OSU health insurance.
- OSU will not contribute to a FSA if you, or your spouse, have an active Health Savings Account (HSA).

Valid reason for waiving OSU health insurance:

- I have coverage through another employer group, TriCare or Indian Health and wish to waive OSU employee health insurance. **Please attach a copy of your insurance card.**

My health insurance carrier is: _____.

Group/Employer Name: _____ Policy # _____

- I have Medicare and wish to waive OSU employee health insurance. **I understand due to federal regulations I will not receive the incentive that OSU offers for waiving health insurance.**

- Because of religious reasons, I wish to decline OSU employee health insurance
Disclaimer: Please consult the HealthCare.gov website or a tax professional about potential tax penalties.

I understand that I will be required to provide documentation of the above reason and that I must notify OSU Benefits within 30 days of any change. I have read this document carefully. ***I understand and accept the consequences of waiving my OSU health care insurance. I acknowledge I will need to complete a new waive form for each plan year.***

I am electing to Waive OSU Health Insurance per the reason indicated above and understand that \$41.67 per month will be contributed to the health FSA.

***Those who waive due to Medicare are excluded from this incentive.**

Campus Wide ID: _____ Print Name: _____

Employee Signature: _____ **Date:** _____