



## 2017 ACA Compliance Waiver of Medical Coverage

**Please note: You must sign and return this form if you choose *not* to enroll in Medical Plan Coverage at this time. Signing this waiver does *not* exclude you from enrolling in the future during open enrollment or in the case of a Qualifying Event.**

You have the right to decline, or waive Medical Plan Coverage through A Plus Benefits. If you do waive coverage for yourself, any dependents, by default, also waive coverage in the A Plus Medical Plan.

Note that if you waive this coverage, which is considered affordable and minimum essential under the 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 may have consequences for you. For example:

- If you waive this coverage and do not have other qualifying coverage, you may be subject to a penalty under the individual responsibility requirement of the ACA.
- If you waive coverage, you cannot enroll in the A Plus Benefits Employee Medical Plan until the next open enrollment, unless you experience a qualifying event. Examples include: if you are covered under another group medical 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 31 days of the qualified change in status. If you miss the 31-day enrollment deadline, you must wait until open enrollment.

I acknowledge that my Employer has offered me affordable minimum essential coverage, as defined under the ACA. I have read the above and I understand the possible outcomes of waiving coverage.

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

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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

**Please remit signed form to:**

**Email: [bfts@aplusbenefits.com](mailto:bfts@aplusbenefits.com)**

**Fax: 801-841-3534**