HEALTH INSURANCE WAIVER ELECTION

(Complete only if you wish to waive your Tooele City Health Coverage - This will not affect other benefit elections)

Employee Name: _____
First M. I. Last

Marital Status: ☐ Single ☐ Married ☐ Divorced

Effective Date: July 1, 2008 through June 30, 2009
Employees may enroll throughout the year if other insurance is picked up- payback will be pro-rated.

By signing this election form, you are declining enrollment in Tooele City's Medical Plan for yourself and/or your dependents (including your spouse). Please be advised that you will not have another opportunity to enroll until our next open enrollment period. In addition, you may be subject to "Late Enrollee" preexisting condition restrictions if you enroll at a later date.

If you are declining to enroll because you participate in other health insurance coverage and want the waiver payback, you may, in the future, be able to enroll yourself and your dependents in this plan during a "Special Enrollment" period. In the event you lose coverage in another health plan, you have the right to request enrollment in our plan within 60 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in our plan, provided you request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. You will, however, be treated as a new entrant into the plan and will be subject to all the terms and conditions as applicable. You will be responsible for your portion of premiums from the date of the special enrollment action (i.e. birth, etc.).

It is your responsibility to notify the human resource office, should you become eligible for "Special Enrollment".

Your signature also acknowledges that the waiver option is not available to Tooele City employees who are related, both employed by Tooele City, and/or who are covered under the Tooele City Health Plan either by single, double, or family coverage.

By waiving your coverage, you will receive $2,582 this year, payable in two pro-rated payments. This will be included as taxable income in your paycheck on the first pay period of December 2008 and June 2009. There is no guarantee that this benefit option will be provided for FY2009. If it is, however, you must complete another waiver form and re-submit evidence of insurance at that time.

I am covered elsewhere by: _____
Source of Insurance (i.e. spouse, retirement, military)

_____
Plan Name/Insurance Carrier

.I have attached evidence that I am covered through another insurance plan (not sponsored by Tooele City)

Signature _____ Date _____