Yolo County OFFICE OF EDUCATION

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Yolo County Superintendent of Schools

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INSURANCE WAIVER

Only Complete If You Are Waiving Medical Coverage

EFFECTIVE 11/1/21 – 10/31/22

Employee Name:_____Social Security #:_____-_____-_____

The Yolo County Office of Education (YCOE) Employee Benefits Plan offers medical coverage. If you are waiving medical coverage, please complete the waiver information below.

Medical Coverage:

I hereby state that I am waiving participation in the employer sponsored medical plan at YCOE because:

- ❑ I am covered under spouse's group insurance policy.
- ❑ I am covered under an individual policy.
- ❑ I choose to decline medical coverage.

This alternate coverage is:

Carrier: _____

If you choose to waive benefits or make no changes at this time, your next opportunity to enroll in the plan(s) will be during the annual open enrollment period next year. The only exception to this is if you have a HIPAA qualifying event and enroll within 31 days of the date the event occurs. Examples of HIPAA qualifying events would be loss of prior coverage, marriage, or birth/adoption of a child.

_____ _____

Employee's Signature Date

Healthcare Reform requires you and each member of your family to either have health coverage

or pay a tax penalty with your federal tax return.

Updated: September 21, 2021