
MILLER CREEK ELEMENTARY SCHOOL DISTRICT

MEDICAL BENEFITS WAIVER

Last Name,

First Name

M.I.

Employee Number

I hereby waive participation in the medical insurance plans offered by Miller Creek Elementary School District for myself and my dependents.

I understand that I will not have the opportunity to enroll in these plans until the next Open Enrollment period, or until I can evidence a loss of coverage under another medical plan which would make me and my family eligible under special enrollment rights.

By waiving medical insurance through the Miller Creek Elementary School District, I certify that I am covered by an alternative medical insurance plan, or that I am in the process of obtaining coverage. I certify that I will maintain my alternative medical coverage on an ongoing basis.

This declaration is in recognition of the individual insurance mandate under PPACA (Health Care Reform) which is intended to increase the number of people covered by an insurance plan.

Note: individuals who elect not to carry insurance may be subject to a government penalty.

Medical Insurance Carrier (other than Miller Creek ESD plans)

Policy or ID Number

Signature

Date of Signature

Please sign and return this form to the *Payroll Department* as soon as possible. A copy of this document will be placed in your payroll file. If there are any questions, call (415) 492-3712.