



DEPARTMENT OF

HUMAN RESOURCES

Our Mission: To create a thriving organization, providing meaningful careers in public service.

WAIVER OF PARTICIPATION MARIN COUNTY MEDICAL INSURANCE COVERAGE

Instructions

County of Marin employees may waive participation in County-sponsored medical insurance. During the County's annual Open Enrollment, or within 30 days of a mid-year election change due to a change in status or similar event ("qualifying event"), an employee may waive County-sponsored medical insurance by:

1. Completing this "Waiver of Participation" form;
2. Affirming that the employee (and all members of the employee's "tax family") has other group "minimum essential coverage" for the entire calendar year (or the remainder of the calendar year, if a mid-year change)

What is my "tax family?"

Your "tax family" is anyone you claim as a dependent on your tax returns.

What is "minimum essential coverage?"

Minimum essential coverage means coverage under another group health plan that satisfies the requirements of the Affordable Care Act. Individual policies, whether obtained through Covered California or elsewhere, do not constitute group minimum essential coverage.

To waive County-sponsored medical insurance, employees must submit the Waiver of Participation form each calendar year during Open Enrollment or within 30 days of a qualifying event. Employees who fail to provide a signed Waiver of Participation will be ineligible to receive cash back of unused fringe for the relevant period.

Waiver of Participation in County-sponsored Medical Insurance Coverage

New Request ☐ Renewal ☐

Name (Print) _____ Personnel Number _____

As an employee of the County of Marin, I hereby warrant to the Human Resources Department, acting for the County of Marin, that my tax family and I will, for the period to which the waiver applies, possess alternative coverage that constitutes minimum essential coverage, as defined by the Affordable Care Act, through the following providers:

Insurance Provider Name

Employer/Entity providing coverage

By signing below, I understand that by waiving County-sponsored medical coverage at this time, I will be unable to enroll in County-sponsored health insurance until the next annual Open Enrollment period or within 30 days of a qualifying event. My signature also affirms my release of the County of Marin, its officers, agents and employees from any liability arising from the fact that medical insurance coverage, the premiums of which are paid in part by the County of Marin, is not extended to me and hereby waive any rights I may have to be afforded such coverage.

Employee Signature

Date