



ALL EMPLOYEES waiving medical coverage must complete this form.

## Eligible Opt Out Form 2020 Plan Year

**Form must be completed if you're waiving medical coverage**

<b>Employee Name (Last, First, MI):</b>	
<b>Employee ID #:</b>	<b>Dept:</b>

I have been offered medical coverage by DuPage County that meets the requirements of the individual mandate under the Affordable Care Act (ACA). I am choosing to waive this coverage.

By signing this form, I am attesting that all members of my Tax Family<sup>1</sup> have or will have *Minimum Essential Coverage* for the entire Plan year. *Minimum Essential Coverage* does not include coverage purchased in the individual market, whether or not obtained through the Marketplace.

I understand that I will have an opportunity to enroll for medical coverage during the next annual benefit open enrollment period. I also understand that I may enroll for coverage before the next annual benefit enrollment period if I qualify for a *Special Enrollment Period* or have a *Qualifying Change in Status*. More information regarding these situations is available from the Human Resources Department. I understand that to enroll for coverage during a *Special Enrollment Period* or due to a *Qualifying Change in Status*, I must request medical coverage from DuPage County within 30 days of the event.

This attestation will be required annually to continue receiving the opt-out bonus. The opt-out bonus will not be payable if DuPage County knows or has a reason to know that you or any member of your Tax Family<sup>1</sup> does not or will not have the required alternative coverage.

**If you already have medical coverage through DuPage County as a dependent, you are not entitled to the \$50/month opt out bonus payment.**

<sup>1</sup>Tax Family – includes the employee and all other individuals for whom the employee reasonably expects to claim a personal exemption deduction for the taxable year or years covered by the opt-out time period.

Signature \_\_\_\_\_ Date \_\_\_\_\_