

UPM/AFT PERMANENT/PROBATIONARY UNIT MEMBER

**APPLICATION FOR WAIVER OF DISTRICT MEDICAL BENEFITS
(SISC Grandfathered Employees Only)**

TO: Benefits Office

FROM: _____
Employee Employee ID #

Note: This waiver only applies to those employees who were previously grandfathered under the waiver program by Self-Insured Schools of California (SISC) as of July 1, 2014.

In applying for this waiver, I hereby certify and document with attached proof of enrollment that my tax dependents and I have other non-individual health plan coverage (e.g. other employer plan, Tricare, Medicare and Medi-Cal).

I understand that in applying for the waiver of health benefit coverage, I may only reinstate District medical benefits during the District’s open enrollment or based on a Mid-Year Qualifying Event as defined by SISC (Self-Insured Schools of California), our Benefits Administrator. I understand that in applying for this medical benefit waiver by October 1, I must accept the consequences of my decision which may include, but are not limited to:

- a. Changes in the law or insurance carrier procedures, which would preclude this option;
- b. Future changes in the District-offered medical benefits.

I understand that upon approval by the Benefits Office, I will receive a \$1,500 annual payment, or pro-rata share which reflects the contract year (October 1 to September 30). I understand that I will receive this payment no later than December 15th. I understand that the payment shall be reduced on a pro rata basis if I waive coverage for less than a full year. I further understand that I must reapply to the Benefits Office for this waiver by October 1 of each year, and provide the necessary proof of enrollment. To reinstate District medical benefits, I must apply during the District’s open enrollment to the Benefits Office.

I understand with the implementation of the Self-Insured Schools of California (SISC) as of July 1, 2014, that my waiver of my medical benefit coverage was grandfathered, because the SISC rules do not allow waiver of medical benefit coverage for any employee working 90% FTE or more. Furthermore, I understand that as a member of the grandfathered group, if I reinstate District medical benefits I will not be eligible to apply for the \$1,500 annual payment in the future. I also understand that I may only enroll in benefits during the District’s open enrollment or based on a Mid-Year Qualifying Event.

Loss of Coverage:

In the event of loss of coverage under another plan, I understand that I may reinstate District medical benefits, but that I must apply within 31 days of the date of loss of coverage. I would then receive a pro-rata share of the \$1,500 annual payment which reflects that portion of the year for which I waived medical benefits (October 1 to September 30).

Date

Employee Signature

Date

Benefits Office