



# MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT

## WAIVER OF HEALTH INSURANCE FORM – OPEN ENROLLMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I **waive** medical coverage because:

\_\_\_\_\_ I am enrolled in another group healthcare plan.

\_\_\_\_\_ Name of Primary Insured

\_\_\_\_\_ Employer of Primary Insured

\_\_\_\_\_ Insurance Carrier

**OR**

\_\_\_\_\_ I receive Marketplace Insurance – **no** cash-in-lieu paid

To be eligible for payment of cash-in-lieu of medical insurance, employees **MUST** provide documentation of enrollment in another group healthcare plan. Marketplace insurances are **not** considered group healthcare plans under IRS regulations.

If I waive health coverage, I understand that I will receive additional compensation as follows:

- The amount of the additional coverage will be determined under the applicable collective agreement, employee handbook or individual contract.
- The additional compensation will be paid in equal installments as outlined under the applicable collective agreement, employee handbook or individual contract.
- The additional compensation will be subject to all applicable tax withholdings.

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## **Election or Waiver of Dental and/or Vision Coverage**

\_\_\_\_\_ I **elect** dental coverage. My premium deduction (if any) will be made on a pre-tax basis.

**OR**

\_\_\_\_\_ I **waive** dental coverage. Proof of coverage when waiving dental insurance is not required. See below for cash-in-lieu payment amount.

\_\_\_\_\_ I **elect** vision coverage. My premium deduction (if any) will be made on a pre-tax basis.

**OR**

\_\_\_\_\_ I **waive** vision coverage. There is no cash-in-lieu paid when waiving vision insurance.

### **Subsequent Elections**

I understand that my election cannot be changed during the plan year unless I have a qualifying change in family or personal status. My next opportunity to enroll myself and/or my dependents will be during the next open enrollment period.

Employees must notify Human Resources immediately if there is a change in the status of their medical insurance coverage.

**Signature:** \_\_\_\_\_

Please return this form to:  
Janel Faber – Human Resources  
[Janel.faber@monroeisd.us](mailto:Janel.faber@monroeisd.us)

Medical cash-in-lieu payments depend on your employee group. Those employees in the ESPA, MCIEA, MCIFSA or Non-Affiliated receive \$4,800 annually if they are 100% FTE. The amount is prorated for those less than 100% FTE.

Those employees in the GSRP or Head Start Programs receive \$3,600 annually for cash-in-lieu of medical insurance if they are 100% FTE. The amount is prorated for those less than 100% FTE.

Dental cash-in-lieu payments depend on your employee group. Those employees in the MCIFSA or Non-Affiliated receive \$150 annually if they are 100% FTE. The amount is prorated for those less than 100% FTE.

Those employees in the GSRP or Head Start Programs receive \$300 annually for cash-in-lieu of medical insurance if they are 100% FTE. The amount is prorated for those less than 100% FTE.