



OPT-OUT/WAIVER OF INSURANCE COVERAGE

I, _____, decline medical coverage provided by the City of Carlsbad ("city") for 2024.

I, _____ have provided the official designated by the city with evidence, to the city's satisfaction, substantiation of my medical coverage from another employer-sponsored group health plan. I understand that such substantiation must be required during the open enrollment period.

I, _____ acknowledge that I shall be required to submit proof medical coverage and a waiver of city provided medical coverage on an annual basis.

I, _____ acknowledge that I will not be permitted to enroll in city provided medical coverage until the next open enrollment period unless an event giving rise to a special enrollment period occurs during 2024.

To confirm your medical insurance coverage, please check the appropriate box below:

I have coverage through an employer sponsored group plan.

Name of employer _____

I have coverage through TriCare

I have coverage through a private plan. Name of plan _____

I have coverage through a governmental plan such as Medicare

I have coverage through an individual market plan

Employee Signature

Name: _____
Please print

Date: _____

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself and/or your eligible dependents because of other medical insurance or group health plan coverage, you may be able to enroll yourself and/or your eligible dependents in one of the available medical plans if you and/or your eligible dependents lose eligibility for that other coverage (or if the employer stops contributing towards your and/or your eligible dependent's other coverage). However, you must request enrollment within 30 days after you and/or your eligible dependents other coverage ends (or after the employer stops contributing towards the other coverage). If mid-year enrollment is requested due to loss of other coverage, you will be required to provide proof of loss of coverage through the other health plan to enroll in one of the available medical plans.

You are not eligible to receive the opt-out/waive credit if you have a governmental plan or an individual market plan.

The opt-out/waive credit amount is subject to change on an annual basis.

In addition, you may be able to enroll yourself and/or your eligible dependents on your benefit plans mid-year under a family status change that would include:

- Your marriage or state registration of a domestic partnership
- Birth, adoption or placement for adoption of an eligible child
- A change in your child's eligibility for benefits
- Change in address that affects eligibility for coverage
- A significant change in your or your spouse's health coverage or cost of benefit
- Receiving a Qualified Medical Child Support Order (QMCSO)

However, you must request enrollment within 30 days after the event triggering the newly eligible dependent. To request special enrollment, contact the Human Resources Department. You will be required to provide proof for newly eligible dependents.

A special enrollment opportunity may be available in the future if you and/or your eligible dependents lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you already have on file with the Human Resource Department, this completed Waiver of Insurance Coverage form indicating you are declining coverage for yourself and/or your eligible dependents. Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for that person(s), even if other coverage is currently in effect and is later lost. In addition, unless you indicate that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by this statement.

Special enrollment rights also exist in the following two circumstances, in which you and/or your eligible dependents will have sixty (60) days from the date of the eligibility event to request special enrollment in the group health plan coverage:

- If you and/or your eligible dependents experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or
- If you and/or your eligible dependents become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium.

LOSS OF DEPENDENT ELIGIBILITY

Generally, you may only change your benefit plan choices during the annual benefits open enrollment period. However, any change that results in a dependent becoming ineligible must be taken care of immediately.

If you have a family status change that results in the loss of eligibility for a covered dependent, you must notify the Human Resources Benefits Division within 30 days of the change. Family status changes resulting in the loss of dependent eligibility include:

- Your divorce, legal separation, annulment or dissolution of a State registered domestic partnership
- Death of your spouse, domestic partner, or covered child
- A change in a child's eligibility for benefits (i.e. over age, no longer your dependent).

Notifying the Human Resources Department of a loss of dependent eligibility, within 30 days of the change, protects an eligible dependent's COBRA continuation of medical insurance privilege. It also prevents your liability for any rebates, premiums or claims paid by the city for an ineligible dependent.

If you are unsure whether you have a family status change that affects your benefits, contact the Human Resources Department.