



REDLANDS USD - Opt-Out of Medical Insurance

FULL-TIME EMPLOYEE

JULY 1, 2020 – June 30, 2021

I elect to opt-out of my right to enroll in District-paid Medical Insurance.

It is understood by both Employee and District that:

1. **Employee must provide proof of Group Medical Coverage** equivalent to minimum affordable coverage as defined by The Affordable Care Act. A letter from the insurance carrier or employer where the employee has coverage from a spouse, domestic partner or parent including coverage dates beginning July 1, 2020 through June 30, 2021 must be provided.
2. This *Opt-Out* is for the current plan year and may only be changed during the annual open enrollment period; except in the event the Employee experiences a Qualifying Event whereby his or her current coverage terminates. The Employee must give notice to the District within 30 days of termination of coverage. At that time, the Employee would be able to enroll in the District plan.
3. Once enrolled, an employee may not opt out of coverage during the coverage year; however a reduction in hours may allow an employee to opt-out if they drop below a 6.25 hour work day, or drop to an 80% contract.
4. This election is for Medical Insurance only and does not affect the Employee's participation in Dental, Vision, or Life Insurance.
5. The School District meets government standards for providing minimum affordable coverage. Any employee who obtains coverage from a Marketplace exchange will not be entitled to a district contribution or be eligible for a subsidy.

Employee Name _____

Signature _____

Date _____

A Proof of Group Medical Coverage letter from a spouse, domestic partner, or parent's employer or the employer's benefit portal printout must accompany a signed *Opt-Out of Medical Insurance* form for an employee to qualify for the Opt-out provision of District medical coverage.