

Health Insurance Opt-Out Benefit Form

Umatilla-Morrow County Head Start, Inc.

Medical Plan Waiver Form
Plan Year October 1, 2017 – September 30, 2018

Employee Name: _____

I decline coverage through Umatilla-Morrow County Head Start's group health plan for the Plan Year beginning on October 1, 2017 and ending on September 30, 2018. (Please mark box)

I understand that I cannot revoke or change this election during the Plan Year unless I have a qualifying change in family and/or job status and that change is consistent with my change of election. I may then revoke my prior election and sign a new agreement if a change in election even occurs. In exchange for my waiver of health care coverage I am allowing, Umatilla-Morrow County Head Start to issue **\$75.18 per pay period (If you are considered a 30-40 hours per week)** or **\$56.38 per pay period (if you are considered a 20-29 hours per week employee)** (24 pay periods per plan year) on my paycheck as taxable gross income.

Name of Alternate Insurance Provider _____

Employee Signature: _____ Date: _____

Fiscal/HR Staff Only

HR Director Signature _____ Date _____ Amount of Benefit \$ _____

Waiver received on _____ Effective Date of Benefit _____ by _____ Fiscal Staff

Election entered into Financial Edge on _____ by _____ Fiscal Staff