HUMAN RESOURCES & DEVELOPMENT
TULARE COUNTY

EFFECTIVE DATE:
RECEIVED BY:
ENTRY DATE:

County of Tulare
2023 Health Plan Opt-Out Form

Employees may elect to waive enrollment in the County's health insurance coverage in any given Plan Year. Employees who elect to waive enrollment in the County's health insurance coverage must provide evidence the Employee and the Employee's tax dependents have or will have minimum essential coverage (MEC) other than individual market coverage during the Plan Year. Employees who elect to waive enrollment may receive an opt-out payment (cash-in-lieu) (varies by bargaining unit). An election to opt out shall be irrevocable for the Plan Year, except as outlined in Section 5.6 of the Tulare County Section 125 Benefits Plan.

Cash-in-lieu of medical benefits will not be made if the County knows or has reason to know that the employee or family member does not or will not have MEC.

Please complete and return this form **ONLY** if you are opting out of coverage (not electing) the following health plans: County of Tulare (through SJVIA), Tulare County Probation Association (TCPA), or Tulare County Deputy Sheriff's Association (TCDSA).

PART ONE EMPLOYEE INFORMATION

Employee Name (Last, First, MI)	Employee ID

PART TWO WAIVING COVERAGE

If you are declining enrollment for yourself, or your dependents (spouse/registered domestic partner/children) because you have coverage under another medical plan, you may be able to enroll yourself or your dependents in a County of Tulare medical plan in the future, provided you request enrollment within thirty (30) days after your other coverage ends.

In order to qualify for this special enrollment period, you must certify other coverage was the reason for declining enrollment and provide verification of the source of that other coverage.

DECLINATION OF COVERAGE: The available medical coverage has been explained to me by my employer. I have been given a chance to apply for the available medical coverage. I have decided not to enroll myself and/or my eligible dependents in the County's medical coverage. I am covered as an eligible subscriber or dependent under the insurance described below.

Please note: Written proof of other medical coverage must accompany this form.

I certify that I have other medical coverage ***(check one box and specify in Part Three***):

- ❑ Through another County of Tulare employee (Employee Name/ID): _____
- ❑ Outside of the County of Tulare Group Health Plan through Spouse/RDP or Parent (specify below)
- ❑ Other health coverage (specify below)

PART THREE OTHER HEALTH COVERAGE

Insurance Carrier Name: _____

Employer/Group Name: _____

Type of Plan (i.e. HMO, PPO): _____

Insured/Primary Subscriber Name: _____

PART FOUR EMPLOYEE CERTIFICATION AND SIGNATURE

I understand that if I do not gain special enrollment rights upon a loss of other coverage, my next opportunity to enroll in a County of Tulare medical plan will be the next annual open enrollment period, unless special enrollment rights apply. I understand that I am also waiving medical, dental, vision, prescription drugs, and mental health coverage. I agree to notify my employer promptly if I or any of my dependents loses this alternative coverage, and I understand cash-in-lieu payments will be stopped at that time. I also understand that I will be required to attest to this alternative coverage each plan year I decline coverage under my employer's group medical plan.

By signing below, I certify that the reason I am declining coverage is accurate as indicated by the check marks above. I certify that by not electing to participate in the County of Tulare's health insurance coverage, I am not subject to any court order or legal obligation to provide health insurance for my dependents.

Signature: _____ Date: _____

Forms and supporting documentation may be emailed to OEHealth@tularecounty.ca.gov; faxed to (559) 730-2597; mailed or brought into Human Resources & Development, 2500 W Burrel Ave., Visalia, CA 93291; or sent via Interoffice Mail. If you have any questions, please call Benefits Customer Service at (559) 636-4911.