

# Holston Conference Health Plan Coverage Waiver Form

All appointed, active clergy whose cash compensation is equal to or greater than 75% of the minimum compensation of the individual's Conference status (3/4 time status) must be enrolled in the active clergy HIP, except where equivalent coverage is available under a spouse's group plan and proof of other creditable group coverage is provided. Enrolled participants, new hires and newly eligible participants waiving the Holston Conference Health Insurance Plan (HIP) coverage must declare why they are declining coverage.

## Part 1 – Participant/Information

Participant Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Legal Address \_\_\_\_\_ Primary Phone # \_\_\_\_\_

\_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Marital Status:      Single      Married      Divorced      Widowed      Effective date of marital status \_\_\_\_\_

Employer (Church/Organization) \_\_\_\_\_

Membership:      Full Elder/Deacon      Associate Member      Local Pastor

Provisional Member      Member Other Conference

Appointment/Employment Status:      3/4 time or      full time      Effective date \_\_\_\_\_

Reason for declining health coverage\* \_\_\_\_\_ Event date \_\_\_\_\_

### *\*Participant declines coverage due to the following reason:*

Enrollment in coverage through former or current employer (provide proof of coverage, i.e. ID card)

Enrollment as a dependent in your spouse's employer-provided coverage (provide proof of coverage, i.e. ID card)

Enrollment in Medicaid or Medicare\*\*

*\*\* Note: Waiver of group health plan coverage because of Medicare enrollment requires participant affirmation that he or she has not been encouraged or incentivized to waive the group health plan (if the group health plan would otherwise be primary to Medicare).*

## Part 2 – Declination of Health Coverage

If you are declining to cover yourself (and by doing so, any eligible dependents) in the Holston Conference Health Insurance Plan, it is important that you understand certain plan rules. By declining health coverage, you are declining coverage for the balance of the current plan year (calendar year) and all subsequent plan years unless you enroll for such coverage during a subsequent Open Enrollment period for coverage commencing on the following January 1. In certain circumstances, you may be able to enroll for coverage for yourself or eligible dependents prior to a subsequent Open Enrollment period. These circumstances include losing eligibility for the advanced Premium Tax Credit under the Affordable Care Act (ACA), or due to marriage, birth, adoption or legal guardianship, or loss of other health insurance as provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and change of status rules under the HIP. If you understand the above and still wish to decline coverage for yourself and any eligible dependents, sign on the "Participant Signature" line below.

I hereby acknowledge that in executing this document I am declining coverage in the Holston Conference Health Insurance Plan and releasing the Holston Conference of the United Methodist church, directors, officers, attorneys and employees for liability to me, my spouse, my alternate payee, my heirs, named beneficiaries or successors in interest, for any damages which result from any action or omission taken in reliance on this instrument.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Benefits Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_