



# Simsbury Public Schools

933 HOPMEADOW STREET SIMSBURY, CONNECTICUT 06070

Payroll and Benefits Department  
Simsbury Board of Education

## Waiver of Medical Coverage

I acknowledge that I have been offered the opportunity to participate in the Simsbury Public Schools medical plans for myself and my eligible dependents. I am declining to enroll in the Simsbury Public Schools medical plans for the plan year effective July 1, 2022. I am waiving coverage because:

- I have other medical coverage provided by my spouse/domestic partner as follows:

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

- I have medical coverage other than that provided by my spouse/domestic partner as follows:

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

- I do not wish to enroll myself in any type of medical coverage at this time **(Please see Affordable Care Act Individual Mandate below)**

- I do not wish to enroll my spouse and/or child(ren) in any type of medical coverage at this time.

Please print spouse and dependent name(s):

\_\_\_\_\_

\_\_\_\_\_

*By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse).*

*I understand that I may be able to enroll myself and my eligible dependents in a Simsbury Public Schools medical plan if I lose eligibility under the other medical insurance coverage indicated above. I understand that to do so I must request enrollment no more than 30 days after the date the other health plan coverage ends. If I do not do so, I will not be able to enroll in a Simsbury Public Schools medical plan until the next open enrollment period.*

Employee Name: (Please Print):

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Affordable Care Act Individual Mandate

Per the Patient Protection and Affordable Care Act, most individuals are required to maintain minimum essential medical coverage for themselves and their dependents or potentially pay a penalty for noncompliance. (Some individuals will be exempt from the mandate or the penalty, while others may be given financial assistance to help them pay for the cost of health insurance). Please see Q&A below or visit:

<http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision>

**What type of coverage satisfies the individual mandate? “Minimum essential coverage”**

**What is minimum essential coverage?** Minimum essential coverage is defined as:

- Coverage under certain government-sponsored plans
- Employer-sponsored plans, with respect to any employee
- Plans in the individual market,
- Grandfathered health plans; and
- Any other health benefits coverage, such as a state health benefits risk pool, as recognized by the HHS Secretary.

Minimum essential coverage does not include health insurance coverage consisting of excepted benefits, such as dental-only coverage.

**How does “Minimum Essential Coverage” differ from “Essential Health Benefits”?** Essential health benefits are required to be offered by certain plans starting in 2014 as a component of the essential health benefit package. They are also the benefits that are subject to the annual and lifetime dollar limit requirements. *Please note that the Simsbury Public Schools medical plan options meet all mandate requirements.*

This is different than minimum essential coverage, which refers to the coverage needed to avoid the individual mandate penalty. Coverage does not have to include essential benefits to be minimum essential coverage.

**What is the penalty for noncompliance?** The penalty is the greater of:

- For 2017 and beyond, \$695 per uninsured person or 2.5 percent of household income over the filing threshold.

There is a family cap on the flat dollar amount (but not the percentage of income test) of 300 percent, and the overall penalty is capped at the national average premium of a bronze level plan purchases through an exchange. For individuals under 18 years old, the applicable per person penalty is one-half of the amounts listed above.

Beginning in 2017, the penalties will be increased by the cost-of-living adjustment.

**Who will be exempt from the mandate?** Individuals who have a religious exemption, those not lawfully present in the United States, and incarcerated individuals are exempt from the minimum essential coverage requirement.

Are there other exceptions to when the penalty may apply? Yes. A penalty will not be assessed on individuals who:

1. cannot afford coverage based on formulas contained in the law,
2. have income below the federal income tax filing threshold,
3. are members of Indian tribes,
4. were uninsured for short coverage gaps of less than three months;
5. have received a hardship waiver from the Secretary, or are residing outside of the United States, or are bona fide residents of any possession of the United States.

Return this form to: Terri Heintz, Employee Benefits Coordinator, BOE Central Office, 933 Hopmeadow St, Simsbury, CT 06070  
Fax: - 860-323-8145 or Email – [theintz@simsburyschools.net](mailto:theintz@simsburyschools.net)