

San Juan Unified School District
Employee Benefits Department

Waiver of Medical Coverage Attestation
For 2020 Plan Year

I elect to decline coverage in the District medical benefit plan. I understand that my right to receive a waiver payment is conditioned on all of the following:

- I, and all other individuals for whom I expect to claim a personal exemption deduction on my federal income tax return in the upcoming tax year (my tax family), have or will have, medical coverage during 2020 other than coverage obtained in the individual market, whether or not obtained through the public Marketplace (for California residents, this means Covered California). This means your other coverage can not be coverage that you have purchased through the individual market or through Covered California.
- I understand that the waiver payment will not be made to me if the District knows or has reason to know that I or any other member of my expected tax family does not have, or will not have medical coverage other than coverage in the individual market, whether or not obtained through the public Marketplace (for California residents, this means Covered California).
- I understand that I am required to provide this Attestation when I am first eligible for medical coverage to receive the waiver payment, and during open enrollment to obtain the waiver payment for the next plan year.
- If I incur an IRS qualifying event and wish to change this election, I will complete the necessary forms and will no longer be eligible to receive the waiver payment.

I also understand that if I do not provide this Attestation when I am first eligible for medical coverage and during open enrollment for each subsequent plan year, I will not receive the waiver payment, and I will be automatically enrolled in the medical plan at no cost to me. My dependents will not be automatically enrolled.

I further understand that I will not be eligible to enroll in medical coverage until the next open enrollment period, unless I have an IRS qualifying event. Request for enrollment must be completed within 30 days after that IRS qualifying event.

Employee's name

Employee's signature

Date