

**SUBURBAN HEALTH CONSORTIUM
FOR THE BENEFIT OF
NORTH RIDGEVILLE CITY SCHOOL DISTRICT EMPLOYEES
WAIVER FORM**

ACA rules require employers to have on file a signed waiver form for all employees not enrolled in the health insurance.

Please check the appropriate box below, sign and return the form.

Remember Health Care reform mandates that you have health insurance coverage or you may be required to pay a penalty.

I elect to waive health care coverage for myself as follows:

Medical/Prescription Drug Dental Vision

I elect to waive health care coverage for my eligible dependents as follows:

Medical/Prescription Drug Dental Vision

I fully understand that by making this election that neither I and/or my eligible dependents will have health care coverage provided by the North Ridgeville Board of Education.

I am making this election voluntarily because I have other health care coverage available to me and/or my eligible dependents which provides adequate coverage.

I understand that I can re-enroll in the Plan within 31 days from the date I and my dependents cease to be covered by the other plan, but I must demonstrate that I lost the other health care coverage due to an involuntary loss of coverage such as terminations, layoff, etc.

Print Name

Date

Signature